

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000100572

Entity Name: C.A.R.B.A. BUSINESS CORP.

FILED  
Dec 16, 2006  
Secretary of State

## Current Principal Place of Business:

1190 OLDSMAR AVE  
SPRING HILL, FL 34608

## New Principal Place of Business:

945 MONTICELLO BLVD  
SAINT PETERSBURG, FL 33703

## Current Mailing Address:

1190 OLDSMAR AVE  
SPRING HILL, FL 34608

## New Mailing Address:

945 MONTICELLO BLVD  
SAINT PETERSBURG, FL 33703

FEI Number: 20-3188132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY STE 300  
TAMPA, FL 336372087 US

## Name and Address of New Registered Agent:

BARICZ, ARPAD  
2346 BELMAR DRIVE  
BELLEAIR BLUFFS, FL 33770 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARICZ ARPAD

12/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BARICZ, CARLA  
Address: 1190 OLDSMAR AVE  
City-St-Zip: SPRING HILL, FL 34608

Title: D ( ) Delete  
Name: BARICZ, ARPAD  
Address: 1190 OLDSMAR AVE  
City-St-Zip: SPRING HILL, FL 34608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: BARICZ, CARLA  
Address: 1190 OLDSMAR AVE  
City-St-Zip: SPRING HILL, FL 34608

Title: P (X) Change ( ) Addition  
Name: BARICZ, ARPAD  
Address: 2346 BELMAR DRIVE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARICZ ARPAD

P

12/16/2006

Electronic Signature of Signing Officer or Director

Date