

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90092 006 ***158.75

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1. Entity Name
CARBINO ENTERPRISES, INC

Principal Place of Business 1725 NW 93 TERRACE CORAL SPRINGS, FL 33071	Mailing Address 1725 NW 93 TERRACE CORAL SPRINGS, FL 33071
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2. Principal Place of Business - No P.O. Box # <i>Above</i>	3. Mailing Address <i>Above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

02122007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5539827	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JIMENEZ, MARC A
5247 COCONUT CREEK PKWY
MARGATE, FL 33064**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR CARBINO, RICHARD J 1725 NW 93 TERRACE CORAL SPRINGS, FL 33071	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT In Charge of OPERATIONS BRIAN CARBINO 1725 NW 93 Terrace, Coral Springs, FL 33071	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY & TREASURER MICHELLE CARBINO 1725 NW 93 Terrace Coral Springs, FL 33071	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard J. Carbino Dir.* **Richard J. Carbino Dir.** *4/15/07* **954-616-7792**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #