


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P98000011243		
1. Entity Name CARBO PETROLEUM TRANSPORT, INC.		

Principal Place of Business 2221 COLUMBIA WESTON, FL 33326	Mailing Address 2221 COLUMBIA WESTON, FL 33326
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2. Principal Place of Business <i>Florida</i>	3. Mailing Address <i>1121 SW 22 Terr</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Ft Lauderdale Fl</i>	City & State <i>Ft Lauderdale Fl</i>
Zip <i>33315</i>	Country <i>Broward</i>

**FILED**  
05 APR 11 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  CARBO, JOEL G 2221 COLUMBIA WESTON, FL 33326	
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7. Name and Address of New Registered Agent Name <i>Joel Garcia Carbo</i> Street Address (P.O. Box Number is Not Acceptable) <i>1121 SW 22 Terr</i> <i>Ft Lauderdale Fl</i> City <i>FL</i> Zip Code <i>33312</i>	
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 <i>Joel G Carbo</i>	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARBO, JOEL G 1121 SW 22 TERRACE FORT LAUDERDALE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000054004370</b> <b>05/06/05--01047--023 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Joel G Carbo</i>	Date <i>4-9-05</i> Daytime Phone <i>954-931-2041</i>