


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # V35802 1. Entity Name ALBERTO M. CARBONELL, P.A.	
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Principal Place of Business 6641 S.W. 166TH COURT MIAMI, FL 33193 US	Mailing Address 6641 S.W. 166TH COURT MIAMI, FL 33193 US
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04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0334574	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARBONELL, ALBERTO M.
 6641 S.W. 166TH COURT
 MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CARBONELL, ALBERTO M. 6641 S.W. 166TH COURT MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARBONELL, ALBERTO M. 6641 S.W. 166TH COURT MIAMI, FL 33193
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1000000104236
 04/05/04-80089-017 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alberto M Carbonell 4-2-04 205 752-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #