2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM Secretary of State

DOCUMENT # V35802 1. Entity Name ALBERTO M. CARBONELL, P.A.	Secretary of State
Principal Place of Business Mailing Address 6641 S.W. 166TH COURT 6641 S.W. 166TH COURT MIAMI, FL 33193 US	
	04142005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPA	4. FEI Number 65-0334574
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TILE PST NAME CARBONELL, ALBERTO M. STREET ADDRESS 6641 S.W. 166TH COURT CITY-ST-ZIP MIAMI, FL 33193 TITLE D NAME CARBONELL, ALBERTO M. STREET ADDRESS 6641 S.W. 166TH COURT CITY-ST-ZIP MIAMI, FL 33193	 UMMM0309835 04/16/05-80044-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	- IN THIS STAGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). 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 it 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT	TOR Date Daytime Phone #