FILED May 29, 2002

2002 Uniform Business Report (UBR)					May 29, 2002 8:00 an Secretary of State	
DOCUMI 1. Entity Name CABANA MA		000070529			Secretary of State 04-18-2002 90428 036 ***150.00	
Principal Place of	Business	Mailing Address	SS		-	·
P.O.BOX 3392 CLEARWATER BCF	I FL 33767	P.O.BOX 3392 CLEARWATER BO	CH FL 33767			
2. Principal Place of Business		3. Mailing Address			I FESTHOOL FIL AUTOR WOULD BETTA DEWN DEWN DERN DATE HOUSE AND CORES INCL. 1889.	
Suite, Apr. #, etc.		Stine: Apt. #, etc.			DO NOT WRITE IN THIS SPACE	_
City & State		City & State	<u> </u>		4. FEI Number Applied For Not Applicable	_
Zip	Country	Zip	Country	,	5. Certificate of Status Desired See Required Fee Required	-
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
				.Name a		<u></u>
DIFALCO, ANTHONY M				Street Address (P.O. Box Number is Not Acceptable)		

14872 64TH ST N CLEARWATER FL 33760

SIGNATURE:

Zip Code City FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!!-FEE IS-\$150.00---=9.=This:corporation is aligible to satisfy its Intangible := \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ■ Addition Delete TITLE DIFALCO, ANTHONY M NAME STREET ADDRESS 14872 64TH ST N STREET ADDRESS **CLEARWATER FL 33760** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Change-■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP