

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jul 27, 2004 8:00 am
Secretary of State

7/9/

07-09-2004 90001 009 ***550.00

DOCUMENT # P01000103591

1. Entity Name
CABI HOLDINGS, INC.



Principal Place of Business 20803 BISCAYNE BLVD STE 405 MIAMI, FL 33180	Mailing Address 20803 BISCAYNE BLVD STE 405 MIAMI, FL 33180
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DO NOT WRITE IN THIS SPACE



06092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1155182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146**

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 reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	PD CABABIE, ELIAS 20801 BISCAYNE BLVD STE 308 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CABABIE, JACOBO 20801 BISCAYNE BLVD STE 308 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CABABIE, ABRAHAM 20801 BISCAYNE BLVD STE 308 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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: Jacobo Cababie, Director, 6/10/04 305-466-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment

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 STE 405
 MIAMI, FL 33180

Mailing Address
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 STE 405
 MIAMI, FL 33180

66430690



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TITLE	PD
NAME	CABABIE, ELIAS
STREET ADDRESS	20801 BISCAYNE BLVD STE 306
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	VSD
NAME	CABABIE, JACOBO
STREET ADDRESS	20801 BISCAYNE BLVD STE 306
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	D
NAME	CABABIE, ABRAHAM
STREET ADDRESS	20801 BISCAYNE BLVD STE 306
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: *Jacobo Cababie, Director* Date: 6/10/04 Daytime Phone #: 305-466-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR