


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103591 1. Entity Name CABI HOLDINGS, INC.	
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FILED

06 APR -5 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 19950 W. COUNTRY CLUB DR. SUITE 900 AVENTURA, FL 33180	Mailing Address 19950 W. COUNTRY CLUB DR. SUITE 900 AVENTURA, FL 33180
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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6. Name and Address of Current Registered Agent

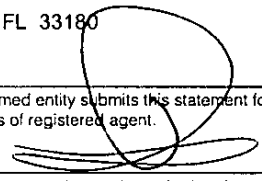
SARIOL, MARIO A
 19950 W. COUNTRY CLUB DR.
 SUITE 900
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable):
1200 S. Pine Island Road
 City: **Plantation FL** Zip Code: **33324**

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.

PETER F. SOUZA
 ASSISTANT SECRETARY

SIGNATURE:  DATE: **4/4/06**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CABABIE, ELIAS	
STREET ADDRESS	19950 W. COUNTRY CLUB DRIVE #900	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CABABIE, JACOBO	
STREET ADDRESS	19950 W. COUNTRY CLUB DRIVE #900	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABABIE, ABRAHAM	
STREET ADDRESS	19950 W. COUNTRY CLUB DRIVE #900	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000072296510

04/27/06--01019--022 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **4/3/06** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jacobo Cababie, Vice President