2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000092137 02-17-2006 90066 003 ***150.00 1. Entity Name CABANAS & ASSOCIATES, P.A. Principal Place of Business Mailing Address 10520 NW 26TH STREET 10520 NW 26TH STREET 60017574 SUITE C-201 SUITE C-201 MIAMI, FL 33172 US MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address 10520 NW 0520 N Suite, Apt. #, etc. 02132006 CR2E034 (11/05) Chg-P C 20 1 C 20 Applied For 4. FEI Number City & State City & State 65-0711358 Not Applicable Zip ろ Country \$8.75 Additional 5. Certificate of Status Desired S 33170 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CABANAS, JOSEPH F Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26TH STREET STE C-201 MIAMI, FL 33172 8. The above named entity submits this state nent 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!! FEE S \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Cabanas, Joseph F. Change Addit 10520NW 26 St. - STe. C201 DoRal, Fl. 33172 Р TITLE ☐ Delete TITLE CABANAS, JOSEPH F NAME NAME 10520 NW 26TH STREET STE C-201 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33172 Change s ☐ Delete TITLE TITLE Cabanas, Jose E. STe. C 201 CABANAS, JOSE E NAME NAME 10520 NW 26TH STREET STE C-201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP DORAL Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change 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 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -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. 02/13/06 (305) SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J050

Cabanas

FILED Feb 17, 2006 8:00 am