2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000092137 03-15-2007 90022 050 ***150.00 1. Entity Name CABANAS & ASSOCIATES, P.A. Principal Place of Business Mailing Address 40036225 10520 NW 26TH STREET 10520 NW 26TH STREET SUITE C-201 SUITE C-201 MIAMI, FL 33172 US MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10520 N 10520NW Suite, Apt. #, etc. 03122007 Cha-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State Not Applicable 65-0711358 Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 26XX 10520 NW MIAMI, FL 33172 City The above named entity summits the obligations of registered agent this state (ant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE Joseph F. CABANAS JOSEPH F NAME Cabanas, NAME 10520 NW 10520 NW 26TH STREET STE C-201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 Change ☐ Addition ☐ Delete TITLE TITLE Cabanas, CABANAS, JOSE E NAME NAME 10520 NW STREET ADDRESS 10520 NW 26TH STREET STE C-201 STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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-7IP 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cahanas

Mar 15, 2007 8:00 am