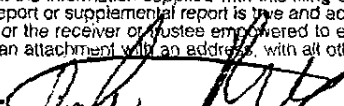


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 278018 1. Entity Name SABRE CORPORATION					
Principal Place of Business 5420 S W 63RD AVENUE S MIAMI FL 33155			Mailing Address P.O. BOX 1894 S. MIAMI FL 33243		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1090197 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent ROSENTHAL, JACK 5420 SW 63RD AVE SO MIAMI FL 33155				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-electing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ROSENTHAL, JACK		NAME		
STREET ADDRESS	5420 SW 63RD AVE		STREET ADDRESS		
CITY-ST-ZIP	SO MIAMI FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ROSENTHAL, ARLEEN		NAME		
STREET ADDRESS	5420 SW 63RD AVE		STREET ADDRESS		
CITY-ST-ZIP	SO MIAMI FL		CITY-ST-ZIP		
TITLE	TS	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ROSENTHAL, ARLEEN		NAME		
STREET ADDRESS	5420 S W 63RD AVE		STREET ADDRESS		
CITY-ST-ZIP	S MIAMI, FL 00000		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ROSENTHAL, AVRAHAM		NAME		
STREET ADDRESS	5420 SW 63RD AVE		STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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 Section 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:  **JACK ROSENTHAL** **1/26/2006** **305-667-51**