

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90020 028 ***150.00

DOCUMENT # 449431

1. Entity Name
CABRINI CORPORATION



Principal Place of Business Mailing Address
6915 SW 92 CT. **6915 SW 92 CT.**
MIAMI, FL 33173 **MIAMI, FL 33173**

50033022



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03162005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-1516708 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAROLA YARA BORGES 6915 SW 92 CT. MIAMI, FL 33173		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 _____ DATE _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORGES (CAROLA YARA)			NAME			
STREET ADDRESS	6915 SW 92 CT.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEBORGES, NORMA			NAME			
STREET ADDRESS	6915 SW 92 CT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: *Carola Yara Borges* **CAROLA YARA BORGES** 3/28/05 305-598-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT ~~# 449431~~
~~50033022~~
Please read it

March 28, 2005

DIVISION OF CORPORATIONS

On March 14, I sent by certified U.S. mail, two forms for my two corporations with two checks: everything in same envelope. In the envelope I also pasted a big note on yellow stock advising that the envelope contained two corporation reports and two checks.

The check for Cabrini Corporation was returned to me because the form I sent was not the proper one; the form for my other company, Unicorn Corp., was not returned (I got both forms from www.sunbiz.org) I called your office about this matter today, March 28, and spoke to Gary who told me that he could not find anything received from Unicorn, Corp.

I am sending again a copy of the form with the copy of the check previously sent. Would you be so kind to look into this matter and send me the proper form for Unicorn? I will not want to have problems with your division for something that I have submitted payment 48 days in advance.

Very truly yours,

Carola Borges

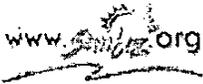
CABRINI CORP Ref.# 449431
UNICORN EDU. & PROM # 1135099

→ Check & Form enclosed

ATTACHMENT

50033022

Division of Corporations



2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	M35099
Business Entity Name	UNICORN EDUCATIONAL & PROMOTIONS ENTERPRISES CORP.
Original File Date	07/11/1986

FEI Number 59-2694291

Principal Address 6915 S.W. 92ND CT.
MIAMI, FL 33173

Mailing Address 6915 S.W. 92ND CT.
MIAMI, FL 33173

Registered Agent BORGES, CAROLA YARA
6915 S.W. 92ND CT.
MIAMI, FL 33173

Officer/Director Name And Address

DP
BORGES, CAROLA YARA
6915 SW 92ND CT.
MIAMI, FL 33173

ST
DE BORGES, NORMA
6915 SW 92ND CT.
MIAMI, FL 33173

CAROLA YARA BORGES
NORMA DE BORGES
6915 SW 92ND COURT
MIAMI, FL 33173

63-8413/2670 8092
0834058838

DATE: 3/8/05

PAY TO THE ORDER OF: FL DEP. OF STATE DIVISION OF CORP. \$ 150.00

One hundred fifty 00/100 DOLLARS

Washington Mutual
Both Customer

Doc # M35099 2005 Annual Rpt

NOTE: CALL ENR 1 PRM ENT

[Signature]

449431
50033022

ATTACHMENT

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. 610

• Print your name, address, and ZIP Code in this box •
Cabini Corp. and
Unicorn Educ. & Promoting Enterp.
6915 SW 92 Ct
Miami Fl. 33173



Is your RETURN ADDRESS completed on the reverse side?

SENDER:
■ Complete items 1 and/or 2 for additional services.
■ Complete items 3, 4a, and 4b.
■ Print your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to: 7003 3110 0001 0487 0793 Article Number

DIVISION OF CORPORATIONS
P.O. Box 6198
Tallahassee Fl. 32314-6198

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
Date of Delivery

5. Received By: GRACIE PENTON
DEPARTMENT OF STATE

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

urn Receipt