

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90281 044 \*\*\*150.00

**DOCUMENT # 547126**

1. Entity Name  
**CABANA SHOP, INC.**



Principal Place of Business

~~4733~~ N. OCEAN DRIVE  
FT. LAUDERDALE, FL 33308

*4743 N. OCEAN DR.*

Mailing Address

~~4733~~ N. OCEAN DRIVE  
FT. LAUDERDALE, FL 33308

*4743 N. OCEAN DR*



01302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2234698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAELSON, RITA  
4733 NORTH OCEAN BLVD  
FT LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**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	DPS
NAME	MICHAELSON, WILLIAM
STREET ADDRESS	4733 NO. OCEAN DRIVE
CITY - ST - ZIP	FT. LAUDERDALE, FL 33308

TITLE	DVT
NAME	MICHAELSON, RITA
STREET ADDRESS	4733 NO. OCEAN DRIVE
CITY - ST - ZIP	FT. LAUDERDALE, FL 33308

TITLE	D
NAME	MICHAELSON, MARK
STREET ADDRESS	4733 NO. OCEAN DRIVE
CITY - ST - ZIP	FT. LAUDERDALE, FL 33308

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Wm. Michael (Pres)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-3/10/06*