2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 703853 1. Entity Name SOCIETY CAB ASSOCIATION, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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3001211	CAB ASSOCIATION, INC	.					o m 3:	59 ·	
Principal Place of Business 5395 N. W. 13TH AVENUE MIAMI, FL 33142-3833		5395 N. W. 13	Mailing Address 5395 N. W. 13TH AVENUE MIAMI, FL 33142-3833						
2. Principal Place of Business - No P.O. Box #		3. Mailing Addre	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			g-NP	CR2E037 (12/	06)	
City & State		City & State	City & State			5	-	Applied For Not Applicable	
Zip	Country	Zip	Co	ountry	5. Certificate of Sta	atus Desired	\$8.75 Fee Re	Additional	
6. Name and Address of Current Registered Agent				7. Name and Add	ess of New Re	gistered Agent	· .		
IOHNISON	I CONECT		Name						
JOHNSON, ERNEST 3260 N.W. 45TH STREET MIAMI, FL 33142					Street Address (P.O. Box Number is Not Acceptable)				
				City	<u> </u>	· · · ·	FL Zip	Code	
9 The above	named entity submits this statement	for the purpose of ch	anging its registe	ared office or regis	stered agent or both in	the State of Flor		with and accept	
	tions of registered agent.	tion the purpose of car	anging its registe	sted office of Tegis	stered agent, or oom, an	tile State Oi i loi	ijoa, raitriairiilai	with and accept	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registe	ered Agent signature requ	uired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2008	9. Ele	(NOTE: Registe ection Campaign ust Fund Contribu	Financing	\$5.00 May Be Added to Fees		DATE ake check paya da Department		
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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 617, 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:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-08 239-551-0098