

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90174 042 \*\*\*150.00

**DOCUMENT # H66823**

1. Entity Name  
**CABANA AND FERNANDEZ, STRUCTURAL  
CONSULTANTS, P.A.**



Principal Place of Business

**2701 NO HIMES AVE  
STE 103  
TAMPA, FL 33607 US**

Mailing Address

**2701 NO HIMES AVE  
STE 103  
TAMPA, FL 33607 US**

40054100



2. Principal Place of Business

**1527 Dale Mabry Hwy.**

Suite, Apt. #, etc.

**~~1527~~ Suite 104**

City & State

**Lutz, FL**

3. Mailing Address

**1527 Dale Mabry Hwy.**

Suite, Apt. #, etc.

**Suite 104**

City & State

**Lutz, FL**

04172006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-2574060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip Country  
**33548-3031 U.S.A.**

Zip Country  
**33548-3031 U.S.A.**

6. Name and Address of Current Registered Agent

**FERNANDEZ, JORGE  
2133 HENLEY ROAD  
LUTZ, FL 33558**

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 reinstating)

DATE

**Jorge Fernandez, President 4/17/2006**

**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 **PTS** ☐ Delete  
NAME **FERNANDEZ, JORGE**  
STREET ADDRESS **2133 HENLEY ROAD**  
CITY-ST-ZIP **LUTZ, FL 33558**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

**Jorge Fernandez 4/17/2006 813-948-0410**

Date

Daytime Phone #