2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000001788

1. Entity Name

CABALPI ENTERPRISES, LLC



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

1835 E. HALLANDALE BEACH BLVD, #367 HALLANDALE BEACH, FL 33009 Mailing Address

1835 E. HALLANDALE BEACH BLVD, #367 HALLANDALE BEACH, FL 33009



04032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1071594 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DE BAEZ, MARY 600 THREE ISLANDS BLVD., NO. 1106 HALLANDALE BEACH, FL 33009

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. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sta	ate 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)

CATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM BAEZ, CARLOS A 600 THREE ISLAND BLVD, #1106 HALLANDALE BEACH, FL 33009 MGRM DE BAEZ, MARY
STREET ADDRESS CITY-ST-ZIP	600 THREE ISLANDS BLVD, #1106 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000509083 04/28/06-80030-004 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JRE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/2006

964-466-0102

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Daytime Phone #