


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M57315  
 1. Entity Name  
 C.A.B. AUTO BROKERS, INC.



Principal Place of Business  
 9553 WEST OKEECHOBEE RD.  
 HIALEAH GARDENS, FL 33016

Mailing Address  
 9553 WEST OKEECHOBEE RD.  
 HIALEAH GARDENS, FL 33016



05192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2832926	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, PAULITA  
 9553 W. OKEECHOBEE RD  
 HIALEAH, FL 33016

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, JUAN G. 9553 W. OKEECHOBEE RD HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, PAULITA 9553 W. OKEECHOBEE RD HIALEAH, FL 33016
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U00000367853  
 05/23/05-80003-007 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Paulita Cabrera* - Paulita Cabrera *May 19/05* (305) 556-0230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #