| | 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT | | | | | | | Mar | FILED Mar 16, 2007 8:00 am | | | |
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| Sk Kåak (SKOUP PUNTA GORDA, FL 33950 Sk Kåak (SKOUP PUNTA GORDA, FL 33950 Skika RGUP PUNTA GORDA, FL 33950 2. Principal Place of Business - No P.O. Box # Making Address D3062007 Cig. NP CR20037 (12/06) City & State City & State 4. TC Hammer D3062007 Cig. NP CR20037 (12/06) City & State City & State 4. TC Hammer D3062007 City & State 1. To Applied For Diversity 2.0 Country Zo Country S. Carlificate of Status Deviced State Applied For Diversity S. Carlificate of Status Deviced State Applied For Diversity 2.0 Country Zo Country S. Carlificate of Status Deviced State Applied For Diversity State Applied For Diversity Diversity Diversity State Applied For Diversity </td <td colspan="6">1. Entity Name</td> <td></td> <td></td> <td colspan="4">Secretary of State</td> | 1. Entity Name | | | | | | | | Secretary of State | | | |
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| City & State City & State City & State Applied CARLED / (2006) Zip Country Zip Country State Applied for Not Applied Name Zip Country S. Centificate of Status Derived (2007) State To Applied for Not Applied State To Applied for Not Applied State To Applied for Not Applied LOMBARDI, VINCENZO % KABAR GROUP, LL.C. 900 WMARINO AVE PUNTA GORDA, FL 33950 Name Streat Address of Now Registered Applied City FL 20 Code Streat Address of Now Registered Applied FL SOMATURE Streat Address (P.O. Box Numoer is Not Accemptable) City FL Zip Code SCINATURE Interview Registered appendix registered affect were interview of registered appendix registered app | | | ness - No P.O. Box # | - | | | | | | () | | |
| Zip Country Zip Country Zip Country Start Application Zip Country Zip Country Start Application Start Application Start Application First Required 7. Name and Address of Now Registered Apent Name CloMBARDU VINCENZO Name Name and Address of Now Registered Apent Name Streat Address (P.D. Box Number is Not Acceptable) Octow Registered Apent City PUNTA GORDA, FL 33950 City FL Zip Code R. The above named writig submits this statement for the purpose of changing its registered office or registered agent, or both, in the State Office A 1 an fender writig with, and accept the obligations of registered agent. Totat SIGNATURE Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing True Fund Controtucion \$5.00 May Ee Addres for GPE/CERS AND DIFECTORS N 10 Nut Difference 11. ADDITIONS/CHANGES TO CPFICERS AND DIFECTORS N 10 Nut Difference 11. ADDITIONS/CHANGES TO CPFICERS AND DIFECTORS N 10 Nut Difference 11. ADDITIONS/CHANGES TO CPFICERS AND DIFECTORS N 10 Nut Difference 11. ADDITIONS/CHANGES TO CPFICERS AND DIFECTORS N 10 Nut Difference 11. ADDITIONS/CHANGES TO CPFICERS AND DIFECTORS N 10 Nut Diffe | | | | | | | | | | | | |
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| LOMBARDI, VINCENZO Name Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) DOU WIARION AVE PUNTA GORDA, FL 33950 - The above nemed entry submits its atlament for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tem femilier with, and accept the obligations of registered agent. Tem femilier with, and accept the obligations of registered agent. SIGNATURE Beauty types ormer one of registered agent. IOIE Regress Agent space the monodamy. DME FILIng Fee is \$61.25 B. Election Campaign Financing \$5.00 May be Make check payable to Florida Department of State 10. OUFFICERS AND DIFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10. Intel Make Intel Make 11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10. Intel Make Intel Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10. Intel Addition Intel Addition 11.1 ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10. Intel Addition Intel Addition 11.1 ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10. Intel Addition Intel Addition 11.1 ADDITIONS | Zip | Zip Country | | | · · · · · · · · · · · · · · · · · · · | | untry | | | Fee Require | | |
| % KABAR GROUP, LL.C. Street Address (P.O. Box Number is Not Acceptable) OOW WARNON AVE PUNTA GORDA, FL 33950 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorda. I am familiar with, and accept the obligations of registered agent. Immediate State SIONATURE State MAddress (P.O. Box Number is Not Acceptable) Immediate State Stote MADD Processor (P.C.BS) P. Election Campaign Financing DME Filing Fee is \$61.25 B. Election Campaign Financing \$5.00 May Be Matix check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addelian 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addelian 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addelian 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addelian 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addelian 11 State Addelian State Change Addelian | | | | Register | ed Agent | | Name | 7. Name and Add | ress of New Register | red Agent | | |
| PUNTA GORDA, FL 33950 City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Poinda. Tam familiar with, and accept the obligations of registered agent. SignATURE IMME SignATURE Burdent, toda or printer area of registered agent. IMME IMME Filing Fee is \$81.25 Due by May 1, 2007 9. Election Compage Financing Trust Fund Contribution. \$5,00 May be Adde to Fees Make check payable to Pionda Department of State 10. OFFICERS AND DIFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10 THE PD Deere Mit NAME SDE AGENCE PKWY - STE 315 OFFICERS AND DIFECTORS IN 10 THE SD Deere Mit NAME ALBACETE, ALFONSO IM IM SIRET ADDESS YK KABAR GROUP - STE 315 OFFICERS AND DIFECTORS IN 10 Deere ITLE TD Deere Mit Deere Mit MAME ALBACETE, ALFONSO IM IM Deere Mit MAME ADDITIONS/CHANGES FOORDA, FL 33326 OFFICERS AND DIFECTORS IN 10 Deere IM INFE ADDRSS | % KABAR GROUP, L.L.C. | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
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| NMAE ALBACETE, ALFONSO INVAE STRET ADDRESS 1625 N COMMERCE PKWY - STE 315 STRET ADDRESS CITY-ST-2P DEVELOP ITTLE NMAE MARTINEZ, CIRO IMME MARTINEZ, CIRO MAE ITTLE NAME MARTINEZ, CIRO IMME STRET ADDRESS 1625 N COMMERCE PKWY - STE 315 STRET ADDRESS ITTLE MARTINEZ, CIRO IMME STRET ADDRESS 1625 N COMMERCE PKWY - STE 315 STRET ADDRESS ITTLE MAE Delete ITTLE NME ITTLE IMME Change Addition MAE Delete ITTLE ITTLE Addition NME ITTLE ITTLE ITTLE Addition ITTLE ITTLE <td< td=""><td>NAME STREET ADDRESS</td><td>LOMBAR % KABAF</td><td>R GROUP - 900 W MAI</td><td colspan="3">RION AVE S</td><td>IE EET ADDRESS</td><td></td><td></td><td></td><td></td></td<> | NAME STREET ADDRESS | LOMBAR % KABAF | R GROUP - 900 W MAI | RION AVE S | | | IE EET ADDRESS | | | | | |
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| indicated on this report or supplemental keport 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 on rulebe 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: | NAME STREET ADDRESS CITY-ST-2IP | | N | | | NAM Str Cit | ME IEET ADD RE SS Y - ST - ZIP | | | | | |
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| | SIGNAT | URE: | | | AME OF SIGNING OFFICER | | CCETO | <u> </u> | 007107 Date | Daytime Phone # | 57-6161 | |