

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041251

FILED
Jan 24, 2005
Secretary of State

Entity Name: CABIBBO CONSTRUCTION, INC.

Current Principal Place of Business:

1267 SW MAPLEWOOD DR
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7099
PORT ST LUCIE, FL 34986 US

New Mailing Address:

1267 SW MAPLEWOOD DR
PORT ST LUCIE, FL 34986 US

FEI Number: 65-1021098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABIBBO, JOHN
1267 SW MAPLEWOOD DR
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABIBBO, JOHN
Address: 1267 SW MAPLEWOOD DR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VD (X) Delete
Name: CABIBBO, JOSEPH D
Address: 1267 SW MAPLEWOOD DR
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CABIBBO

PD

01/24/2005

Electronic Signature of Signing Officer or Director

_____ Date