


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000041251		
1. Entity Name CABIBBO CONSTRUCTION, INC.		

FILED

05 MAY -9 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1267 SW MAPLEWOOD DR PORT ST LUCIE, FL 34986 US	Mailing Address 1267 SW MAPLEWOOD DR PORT ST LUCIE, FL 34986 US
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2. Principal Place of Business 2824 SE EAGLE DR Suite, Apt. #, etc.	3. Mailing Address 2824 SE EAGLE DR Suite, Apt. #, etc.
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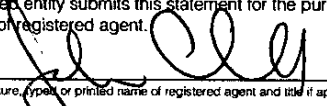
04262005 Chg-P CR2E034 (10/03)

City & State PORT ST LUCIE, FL	City & State PORT ST LUCIE, FL
Zip 34984	Zip 34984
Country ST LUCIE	Country ST LUCIE

4. FEI Number 65-1021098	Applied For Not Applicable
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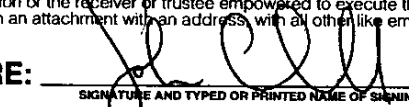
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CABIBBO, JOHN 1267 SW MAPLEWOOD DR PORT ST LUCIE, FL 34986	
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7. Name and Address of New Registered Agent Name JOHN CABIBBO Street Address (P.O. Box Number is Not Acceptable) 2824 SE EAGLE DR City PORT ST LUCIE FL Zip Code 34984	
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 	DATE 5/25/05

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABIBBO, JOHN 1267 SW MAPLEWOOD DR PORT ST LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500054694945 05/17/05--01080--026 *7200 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	DATE 5/25/05 772-408-7557