

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000048890

1. Entity Name

CABESA HOLDING CORPORATION



Principal Place of Business

**3335 NW BOCA RATON BLVD
BOCA RATON, FL 33431**

Mailing Address

**3335 NW BOCA RATON BLVD
BOCA RATON, FL 33431**



01172006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1009505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**CARMAN, DEBORAH A
165 E PALMETTO PARK RD
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00 —
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**U00000523834
05/03/06-80086-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARMAN, KENNETH
STREET ADDRESS	3335 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	BEAUCHAMP, FRANK
STREET ADDRESS	3335 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	SANG, ALLEN
STREET ADDRESS	3335 NW BOCA RATON RD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

Daytime Phone #