2005 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

ANNUAL REPORT Apr 28, 2005 08:00 AM Secretary of State **DOCUMENT # P00000092056** 1. Entity Name CABÉRB, INC. Principal Place of Business Mailing Address 3544 CRYSTAL LAKES CT 3544 CRYSTAL LAKES CT SARASOTA, FL 34235 SARASOTA, FL 34235 04172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1057853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required desire theresis 6. Name and Address of Current Registered Agent BRIGGS, CRAIG T DO NOT WRITE 3544 CRYSTAL LAKES CT. SARASOTA, FL 34235 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. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE BRIGGS, CRAIG T NAME 3544 CRYSTAL LAKES CT STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 U00000338349 04/28/05-80032-024 150.00 TITLE BRIGGS, JOYCELYN K NAME 3544 CRYSTAL LAKES CT STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE HAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME

FILED

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

12. I hereby certify that the information supplied with this filling 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