FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 15 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000023798810
10/15/03--01004--003--**200.00
REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000066517

1. Entity Name KABIE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
711 SW 111 WAY	
Suite, Apt. #, etc. 205	Suite, Apt. #, etc.
City & State PEMBROKE PINES FL	City & State
Zip 33025 / Country U.S.A	Zip / Country

4. FEI Number 65-1120367 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name WILLIAM LATTUF

Street Address (P.O. Box Number is Not Acceptable) 711 SW 111 WAY #205

City PEMBROKE PINES **FL** Zip Code 33025

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] 10/08/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATTUF WILLIAM 711 SW 111 WAY #205 PEMBROKE PINES, FL 33025	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S YASIBIT ARENAS 15004 SW 139th PL MIAMI, FL 33186	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/08/03 786-586-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

n 10/16

October 8, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL. 32302

Re: Uniform Business Report
KABLE CORP.
P01000066517

Dear Sirs:

Attached please find Business Report for above mention Corp. and the check in the amount of $ 300.oo.

We did not receive the 2002 and 2003 Business report in time to file, please accept the attached check in the amount of $ 300.00 Fee, for2002 and 2003 Uniform Business Report.

In further information is needed please contact me.

WILLIAM CATTUF

711 SW 111 way # 205
Pemboke Pines, FL 33025