

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90272 029 ***150.00

DOCUMENT # P01000086415

1. Entity Name
CABBA, INC.



Principal Place of Business
**1937 E ATLANTIC BLVD
STE 12
POMPANO BEACH, FL 33060**

Mailing Address
**1937 E ATLANTIC BLVD
STE 12
POMPANO BEACH, FL 33060**

20041017



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1134822

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ARNETTE CREELY SUNCANSON & SHEINFELF LLP
1948 HARRISON STREET
HOLLYWOOD, FL 33020**

**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, 2005 Fee will be \$550.00**

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	PD ABADI, JUDITH 12390 NW 77TH MANOR PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABADI, CHAIM 1937 E. ATLANTIC BLVD., SUITE 12 POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS BEESON, JAMES M JR 1937 E. ATLANTIC BLVD. SUITE 12 POMPANO BEACH, FL 33060
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**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.M. BEESON, JR.

4/16/2005

Date

954-646-4007

Daytime Phone #