

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90001 009 \*\*\*550.00

7/9/

**DOCUMENT # P01000103591**

1. Entity Name  
**CABI HOLDINGS, INC.**



Principal Place of Business

**20803 BISCAYNE BLVD  
STE 405  
MIAMI, FL 33180**

Mailing Address

**20803 BISCAYNE BLVD  
STE 405  
MIAMI, FL 33180**



06092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1155182**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES, FL 33146**

**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 \$550.00  
Due by September 8, 2004**

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  
CABABIE, ELIAS  
20801 BISCAYNE BLVD STE 308  
MIAMI, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
CABABIE, JACOBO  
20801 BISCAYNE BLVD STE 308  
MIAMI, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CABABIE, ABRAHAM  
20801 BISCAYNE BLVD STE 308  
MIAMI, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

*Jaime Cababie, Director, 6/10/04 305-466-1810*

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

*Attachment*

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MIAMI, FL 33180

Mailing Address  
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STE 405  
MIAMI, FL 33180

66430690



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TITLE PD  
NAME CABABIE, ELIAS  
STREET ADDRESS 20801 BISCAYNE BLVD STE 306  
CITY-ST-ZIP MIAMI, FL 33180

TITLE VSD  
NAME CABABIE, JACOBO  
STREET ADDRESS 20801 BISCAYNE BLVD STE 306  
CITY-ST-ZIP MIAMI, FL 33180

TITLE D  
NAME CABABIE, ABRAHAM  
STREET ADDRESS 20801 BISCAYNE BLVD STE 306  
CITY-ST-ZIP MIAMI, FL 33180

TITLE  
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**SIGNATURE:**

*Jacobo Cababie, Director, 6/10/04 305-466-1810*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #