2005 FOR PROFIT CORPORATION ANNUAL REPORT

- Feb 19, 2005 08:00 AM **DOCUMENT # P02000050152 Secretary of State** 1. Entity Name SABUGO CASH, INC. Principal Place of Business Mailing Address 1136 WEST FLAGLER STREET 1136 WEST FLAGLER STREET MIAMI, FL 33130 MIAMI, FL 33130 02102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 38-3649394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SABUGO, MAURO DO NOT WRITE 1136 WEST FLAGLER STREET MIAMI, FL 33130 IN THIS SPACE 3. 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 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. TITLE SABUGO, MAURO NAME 1136 WEST FLAGLER STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 U00000235942 92/19/05-**8**0027-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS

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: 上

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215 05 305-302-2302

FILED