

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR -5 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000023225					
1. Entity Name CABI VENTURES, INC.					
Principal Place of Business 19950 W. COUNTRY CLUB DR. SUITE 900 AVENTURA, FL 33180			Mailing Address 19950 W. COUNTRY CLUB DR. SUITE 900 AVENTURA, FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1851426	
				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			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324		
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 <u>PETER F. SOUZA</u> ASSISTANT SECRETARY DATE <u>4/14/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABABIE, ABRAHAM 19950 W COUNTRY CLUB DRIVE #900 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABABIE, ELIAS 19950 W COUNTRY CLUB DRIVE #900 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 800072296798 04/27/06--01019--025 **150.00	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABABIE, JACOBO 19950 W COUNTRY CLUB DRIVE #900 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jacob Cababie</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/13/06</u> Daytime Phone #		