FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P03000033150 1. Entity Name SABANAZO J.R.M.ENTERPRISES, INC.

FILED Jul 24, 2006 8:00 am Secrétary of State

07-24-2006 90008 003 ***150.00

2005019a DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1970 SW 128 CT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number MIAMI, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33175 Fee Required 7. Name and Address of Current Registered Agent Name RIGOBERTO FLORES DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1970 SW 128 CT City MIAMI 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. 07/18/2006 Signature, typed or printed name of registered agent and title if apolicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE TITLE P/D/T/S RIGOBERTO FLORES NAME MARKE 1970 SW 128 CT STREET ADDRESS STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITE 6 IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-SI-71P TITLE NAME NAME

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 eath; 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

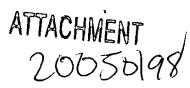
CITY - ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/2006

(305) 599-1321

Daytime Phone #



DIVISION OF CORPORATIONS ANNUAL REPORT OR REINSTATEMENT SABANAZO J. R. M. ENTERPRISES, INC.

DOC/# P03000033150

July 18, 2006

To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE

I am writing this letter to explain the reason why I did not file the annual report,

Year 2005. I never received the annual report form or card required for the renewal.

🗽 I am sending the \$ 150.00 dollars.

If you have any question does not hesitate to contact me at (305) 599-1321.

Sincerely,

Rigoberto Flores

President