

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

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90008 003 \*\*\*150.00

DOCUMENT # P03000033150

1. Entity Name

SABANAZO J.R.M. ENTERPRISES, INC.



**DO NOT WRITE IN THIS SPACE**

20050198

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1970 SW 128 CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State

4. FEI Number

56-222 7534

Applied For

Not Applicable

Zip  
33175

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name RIGOBERTO FLORES

Street Address (P.O. Box Number is Not Acceptable)

1970 SW 128 CT

City MIAMI

FL

Zip Code  
33175

**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 reorganizing)

07/18/2006

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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	P/D/T/S RIGOBERTO FLORES 1970 SW 128 CT MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/2006

Date

(305) 599-1321

Daytime Phone #

ATTACHMENT

20050198

**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