


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90169 024 ***150.00

DOCUMENT # P03000079936			
1. Entity Name SABANA INSTALLATIONS, INC.			
Principal Place of Business 6157 NW 167TH STREET UNIT F-25 MIAMI, FL 33015		Mailing Address 10932 WEST SAMPLE ROAD POMPANO BEACH, FL 33065	
2. Principal Place of Business 10932 W Saint Paul Rd. Suite, Apt. #, etc.		3. Mailing Address 10932 W Saint Paul Rd. Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip FL	Country USA	Zip 33065	Country USA
6. Name and Address of Current Registered Agent CORDOBA, ALVARO DEJESUS 6157 NW 167TH STREET UNIT F-25 MIAMI, FL 33015		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD CORDOBA, ALVARO DEJESUS 3214 NW 102ND TERR, APT 204 CORAL GABLES, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10932 W Saint Road Coral Springs FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Alvaro Cordoba</i> Alvaro de Jesus Cordoba, Pres.		Date: 4-6-05 Daytime Phone #: (954) 799-7060	

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01192005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0120757 Applied For Not Applicable

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