

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000087323

Entity Name: CABANA ENTERPRISES, INC.

FILED
Nov 12, 2004
Secretary of State

Current Principal Place of Business:

PMB 509
7512 DR. PHILLIPS BLVD., #50
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

PMB 509
7512 DR. PHILLIPS BLVD., #50
ORLANDO, FL 32819

New Mailing Address:

10160 VESTAL COURT
CORAL SPRINGS, FL 33071

FEI Number: 59-3698497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDER, KEVIN A ESQ.
110 SE 6TH STREET, 15TH FLOOR
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: FERNANDER, LAVERNE G PRES
Address: 7512 DR. PHILLIPS BLVD., #50
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVERNE FERNANDER

PRES

11/12/2004

Electronic Signature of Signing Officer or Director

_____ Date