

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000135043

FILED  
Oct 28, 2004  
Secretary of State

Entity Name: CABS ENTERPRISES GROUP CORP.

## Current Principal Place of Business:

10282 BOCA ENTRADA BLVD  
SUITE 211  
BOCA RATON, FL 33428

## New Principal Place of Business:

4011 NW 3RD WAY  
POMPANO BEACH, FL 33064 US

## Current Mailing Address:

10282 BOCA ENTRADA BLVD  
SUITE 211  
BOCA RATON, FL 33428

## New Mailing Address:

4011 NW 3ED WAY  
POMPANO BEACH, FL 33064 US

FEI Number: 20-1809164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

SILVA, CLAUDIO A  
4011 NW 3RD WAY  
POMPANO BEACH, FL 33064 US

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: CLAUDIO A. SILVA

10/28/2004

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: PSTD ( ) Delete  
Name: SYLVA, CLAUDIO  
Address: 10282 BOCA ENTRADA BLVD SUITE 211  
City-St-Zip: BOCA RATON, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SILVA, CLAUDIO A  
Address: 4011 NW 3RD WAY  
City-St-Zip: POMPANO BEACH, FL 33064 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: CLAUDIO A. SILVA

PD

10/28/2004

Electronic Signature of Signing Officer or Director

Date