

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155063

FILED
Apr 04, 2007
Secretary of State

Entity Name: CABI EVERGLADES, INC.

Current Principal Place of Business:

19950 W. COUNTRY CLUB DR.
SUITE 900
AVENTUREA, FL 33180

New Principal Place of Business:

19950 W. COUNTRY CLUB DR.
SUITE 900
AVENTURA, FL 33180 US

Current Mailing Address:

19950 W. COUNTRY CLUB DR.
SUITE 900
AVENTUREA, FL 33180

New Mailing Address:

19950 W. COUNTRY CLUB DR.
SUITE 900
AVENTURA, FL 33180 US

FEI Number: 20-0614276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DANIEL, ELIAS C
Address: 19950 W COUNTRY CLUB DRIVE #900
City-St-Zip: AVENTURA, FL 33180

Title: VSD () Delete
Name: DANIEL, JACOBO C
Address: 19950 W COUNTRY CLUB DRIVE #900
City-St-Zip: AVENTURA, FL 33180

Title: CEOD () Delete
Name: DANIEL, ABRAHAM C
Address: 19950 W COUNTRY CLUB DRIVE #900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABABIE DANIEL, ELIAS
Address: 19950 W COUNTRY CLUB DRIVE #900
City-St-Zip: AVENTURA, FL 33180 US

Title: VSD (X) Change () Addition
Name: CABABIE DANIEL, JACOBO
Address: 19950 W COUNTRY CLUB DRIVE #900
City-St-Zip: AVENTURA, FL 33180 US

Title: CEOD (X) Change () Addition
Name: CABABIE DANIEL, ABRAHAM
Address: 19950 W COUNTRY CLUB DRIVE #900
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JACOBO CABABIE DANIEL

VP

04/04/2007

Electronic Signature of Signing Officer or Director

Date