2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	DOCUMENT # P04000055439 1. Entity Name SABOR CUBANO, INC.					03-20-2006 90012 045 ***150.00					
1.2848 SW 81H ST MAMI, FL 33184 2. Principal Place of Business 3. Malling Address Sullo, Apt. #, etc. Sullo, A	Principal Place	e of Business			~ •	917K	u n				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite City & State St	12848 SW 8TH ST		12848 SW 8TH ST			A ARVIERI MI GE		wara, Sirêl kuru		ari n ivel	
City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired 8. The Applicate State Desired Required Former Required Required Former Required Required Former Required Required Former Required Required Former Required Agent T. Name and Address of Naw Registered Agent North Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street Address (P. O. Box Number is Not Acceptable) ONTE Street A	2. Principal Place of Business		3. Mailing Address								
Singer Address Sing	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03092006	Chg-P	CR2E034	(11/05)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, ANTONIO 12848 SW8 8TH ST MIAMI, FL 33184 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SPEARLE, goal or prices name or registered agent and store a spirituative. PATE Registered Agent spirituative registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SPEARLE, goal or prices name or registered agent and store a spirituative. PATE Registered Agent spirituative registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. PATE Register Address of New							192				
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MARTINEZ, ANTONIO 12848 SW 8TH ST MIAMI, FL 33184 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE MARE SIRRET ANDRESS CITY-ST-2P TITLE MARE SIRRET ANDRESS CITY-S		6. Name and Address of Current I		7. Name and A	ddress of New Re	gistered Ag	ent				
B. 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 Spanure, hypoid or private name of registered agent and see it applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$5,000 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2	12848 SW 8TH ST										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP	0		NAM STR CITY	ME EET ADDRESS (-ST-ZIP					Addition	

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of trues the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trues the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trues the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trues the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trues the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trues the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trues the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trues the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trues the same legal effect as if the same legal effect as if the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if the same legal e

SIGNATURE-

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-14-06 (301) 59

Daytime Phone #