

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90029 041 \*\*\*150.00

**DOCUMENT # P04000073570**

1. Entity Name

**CABBAGE WOODS RANCHES INC.**



Principal Place of Business

19181 GREEN GROVE CT.  
LOXAHATCHEE FL 33470

Mailing Address

19181 GREEN GROVE CT.  
LOXAHATCHEE FL 33470

2. Principal Place of Business

390-2 Business Park Way  
Suite, Apt. #, etc.  
2A

3. Mailing Address

390-2 Business Park Way  
Suite, Apt. #, etc.  
2A

City & State

Royal Palm Beach FL

City & State

Royal Palm Beach FL

Zip

33411

Country

USA

Zip

33411

Country

USA

FEL Number

43-20067139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E034 (5/05)



6. Name and Address of Current Registered Agent

MOTILALL, MAKESHWAR F  
19181 GREEN GROVE CT.  
LOXAHATCHEE FL 33470

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 7, 2005**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOTILALL, MAKESHWAR F	
STREET ADDRESS	19181 GREEN GROVE CT.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOTILALL, RISHIKESH R	
STREET ADDRESS	10471 BARNES AVE.	
CITY-ST-ZIP	INVER GROVE MN 55077	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Makeshwar F Motilall*  
MAKESHWAR F MOTILALL 25 Aug 05 561-296-4203