## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUN  1. Entity Name  CABA TRU		# P0400011	0651				051	YOV 10 PH 9: RETARY OF ST AHASSEE, FU	33		
Principal Place of Business				Mailing Address			MILL	AHASSEE, FU	ייטואנ		
5212 CEDARBEND DRIVE 3				212 CEDARBEND DRIV							
FORT MYERS, FL 33919				FORT MYERS, FL 33919			 	 		BINDE ANDERSON	n i lek
2. Principal Pla	ice of Busin	ness	3. N	Mailing Address							
Suite, Apl. #, etc.			s	Suite, Apt. #, etc.			REW	STATEM	<b>Field</b>	(10/03)	).UU 
City & State				City & State			4. FEI Numb	14z 1568		\ \ <del>-\-\-</del>	fied For Applicable
Žip		Country	2	Zip .	Coun	try				8.75 Addit	
	6. Name	and Address of Curre	nt Regist	ered Agent			7. Name and	d Address of New Regi			
HERNANDEZ, EDEL S											
5212 CEDARBEND DRIVE						Street Addre	ss (P.O. Box Numb	per is Not Acceptable)			
FORT MYERS, FL 33919											
						City			FL	Zip Code	
		ty submits this statemen stered agent.	t for the p	purpose of changing its	register	ed office or reg	istered agent, or be	oth, in the State of Florid	a. I am la	miliar with, a	and accept
SIGNATURE_	Signature, type	d or printed haine of registered ag	ent and title	l applicable. (NOT	E: Registere	d Agent signature re	quired when reinstating)		DATE		
		FEE IS \$150.00 5 Fee will be \$55	0.00	9. Election Campa Trust Fund Con	•	noing D'	\$5.00 May Be Added to Fees		<del></del>		
10.		OFFICERS A	ND DIREC	CTORS	11.		ADDITIONS	CHANGES TO OFFICE	RS AND		
TITLE NAME	P HERNANDEZ, EDEL S			Oelete	TITU	1				☐ Change	Addition
STREET ADDRESS		DARBEND DRIVE, A YERS, FL 33919	PT#3		EET ADDRESS (+ST+ZIP						
TITLE				☐ Delete	TIT					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	i					ME EET ADDRESS Y+ST-ZIP					ļ
TITLE	<del></del>			☐ Delete	TIT	<del></del>	<u> </u>			☐ Change	Addition
STREET ADDRESS	-				NAJ STE	ME NEET ADDRESS		- -			
CITY - ST - ZIP					СІТ	Y-ST-ZIP					
TITLE NAME				☐ Delete	TiT NA	1				Change	Addition
STREET ADORESS					\$TI	REE1 ADDRESS Y-ST-ZIP					
TITLE				☐ Delete	THI	ι€				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						ME REET ADDRESS 'Y-ST-ZIP					
TITLE	<del>  -</del> -	<del></del> -		□ Delete	111	<del></del>		. <del> </del>		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					ST	ME REET ADDRESS TY-ST-ZIP	-				
12. I hereby indicated of the co	I on this rep rporation o I, or on an a	the information supplied bort or supplemental report the receiver or trustee attachment with an address.	ort is true emp we/ ess., with	and accurate and that ex to execute this repo	or the ex t my sign of as req id.	emption stated ature shall havuired by Chapt	e the same lenat of	fect as if made under or	ith; that I i appears i	am an officer	or director

November 04, 2005

To whom it may concern:

This letter is to resend to you the form which I was missing some information on it. The reason I'm writing this letter is to ask you to please waive any deductibles that I have the reason that I am asking this is because I talked to one of your representatives and he told me to write letter. The reason he told me to ask this is because I never received any form back telling that I was missing any information, the post office never delivered any letters from you guys. Please waive any charges I have due to this misunderstanding.

Sincerely,

Caba Trucking

Edel S. Hernandez