2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90205 008 ***150.00

DOCUMENT # P05000125127

1. Entity Name
KABRIE, INC.

Principal Place of Business	Mailing Address
9154 SHADOW GLEN WAY FT. MYERS, FL 33913 US	9154 SHADOW GLEN WAY FT. MYERS, FL 33913 US

04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
9230 INDEPENDENCE WAY	9230 INDEPENDENCE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT MYERS, FL	City & State: FT MYERS, FL
Zip: 33913 Country:	Zip: 33913 Country:

4. FEI Number 20-3455617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAPLOVITZ, MARC ~~9154 SHADOW GLEN WAY~~ FT. MYERS, FL 33913	Name: Street Address (P.O. Box Number is Not Acceptable): 9230 INDEPENDENCE WAY 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] ZAMI RAM 4/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	KAPLOVITZ, MARC	NAME	
STREET ADDRESS	~~9154 SHADOW GLEN WAY~~	STREET ADDRESS	9230 INDEPENDENCE WAY
CITY-ST-ZIP	FT. MYERS, FL 33913	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	VP ☐ Change ☑ Addition
NAME		NAME	RAM, ZAMI
STREET ADDRESS		STREET ADDRESS	23500 MERCANTILE RD, SUITE F
CITY-ST-ZIP		CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: [signature] ZAMI RAM 4/14/06 216-401-2721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #