2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P05000128055

1. Entity Name
CABO ISLAND, INC

Principal Place of Business	Mailing Address
1480 NE PINE ISLAND ROAD BLDG 2A CAPE CORAL, FL 33904	1480 NE PINE ISLAND ROAD BLDG 2A CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3483820
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAREK, CRAIG
1480 NE PINE ISLAND ROAD
BLDG 2A
CAPE CORAL, FL 33904

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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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000758116
05/23/07-80098-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	MAREK, CRAIG
STREET ADDRESS	1480 NE PINE ISLAND ROAD BLDG 2A
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	DVP
NAME	MAREK, ANA
STREET ADDRESS	1480 NE PINE ISLAND ROAD BLDG 2A
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #