2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Secretary of State DOCUMENT # P05000132204 03-22-2006 90020 042 ***150.00 1. Entity Name CAB INVESTMENTS GROUP, INC. Mailing Address Principal Place of Business 11581 NW 76TH STREET 11581 NW 76TH STREET MIAMI, FL 33178 US MIAMI, FL 33178 US 2. Principal Place of Business 3. Mailing Address (1483 Nu enace Suite, Apt. #, etc 03142006 CR2E034 (11/05) Cha-P City & State 4. FEI Number Applied For City & State 20-3538360 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELLO, CESAR E -11501 NW 76TH STREET 11483 NW 1842 Jenace MIAMI, FL 33178 Nedly, St. 33178 πο al P.O. Box Number is Not Street Terrace 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_2 d name of registered agent and title if applicable Signature, typed or 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ■ Addition TITLE ☐ Delete TITLE BELLO, CESAR E NAME NAME 483 NW 18th Terrace STREET ADDRESS 11581 NW 76TH STREET STREET ADDRESS MIAMI, FL 33178 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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-71P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE 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

FILED

Mar 22, 2006 8:00 am

Devtime Phone #