


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000080813		
1. Entity Name CABELLO GROUP SERVICES CORP.		

FILED

2007 DEC 24 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6555 NW 36 ST STE #222 VIRGINIA GARDENS, FL 33166	Mailing Address 6555 NW 36 ST STE #222 VIRGINIA GARDENS, FL 33166
---	---



2. Principal Place of Business - No P.O. Box # 1401 S. Military Trl. Suite, Apt. #, etc. F2	3. Mailing Address 1401 S. Military Trl. Suite, Apt. #, etc. F2
--	--

12182007 REIN-P CR2E098 (1/07)

City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33415	Zip 33415
Country U.S.A.	Country U.S.A.

4. FEI Number 22-3935020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEL RIO, MIGUEL C 206 GULF 12 ST MARATHON, FL 33050	
--	--

7. Name and Address of New Registered Agent Name Miguel Cabello Street Address (P.O. Box Number is Not Acceptable) 206 Gulf 12 St. City Marathon FL Zip Code 33050	
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEL RIO, MIGUEL C 6555 NW 36 ST STE #222 VIRIGVIA GARDENS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miguel Cabello <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 206 Gulf 12 St. Marathon, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800113371128 12/24/07--01018--022 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Miguel Cabello 12/18/07  
Date Daytime Phone #