

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085020

Entity Name: KABA & ASSOCIATES, P.A.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

2554 S.W. 8 STREET
MIAMI, FL 33135 US

New Principal Place of Business:

1840 WEST 49 STREET
SUITE 235
HIALEAH, FL 33012 US

Current Mailing Address:

2554 S.W. 8 STREET
MIAMI, FL 33135 US

New Mailing Address:

1840 WEST 49 STREET
SUITE 235
HIALEAH, FL 33012 US

FEI Number: 16-1764584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KABA, MOISES ESQUIRE
2554 S.W. 8 STREET
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

KABA, MOISES ESQUIRE
1840 WEST 49 STREET
SUITE 235
HIALEAH, FL 33012 US

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.

SIGNATURE: MOISES KABA

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,VP () Delete
Name: KABA, MOISES ESQUIRE
Address: 2554 S.W. 8 STREET
City-St-Zip: MIAMI, FL 33135 US

Title: SEC () Delete
Name: KABA, MOISES ESQUIRE
Address: 2554 S.W. 8 STREET
City-St-Zip: MIAMI, FL 33135 US

Title: T () Delete
Name: KABA, MOISES ESQUIRE
Address: 2554 S.W. 8 STREET
City-St-Zip: MIAMI, FL 33135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change () Addition
Name: KABA, MOISES ESQUIRE
Address: 1840 WEST 49 STREET, SUITE 235
City-St-Zip: HIALEAH, FL 33012 US

Title: SEC (X) Change () Addition
Name: KABA, MOISES ESQUIRE
Address: 1840 WEST 49 STREET, SUITE 235
City-St-Zip: HIALEAH, FL 33012 US

Title: T (X) Change () Addition
Name: KABA, MOISES ESQUIRE
Address: 1840 WEST 49 STREET, SUITE 235
City-St-Zip: HIALEAH, FL 33012 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOISES KABA

P.VP

05/01/2007

Electronic Signature of Signing Officer or Director

Date