2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 01, 2008 8:00 am Secretary of State

DOCUMENT # P06000108 1. Entity Name SABAL CAFE, INC.			08-01-2008	90039 036 ***15	50.00		
Principal Place of Business 9720 PRINCESS PALM AVE SUITE 114 TAMPA, FL 33619 Mailing Address 9720 PRINCESS PALM AVE SUITE 114 TAMPA, FL 33619		VE		11 Eilil 1811 8811 8811	II (1811 STATA 1811 1816 BI	1 788 († 1 88 1	
2. Principal Place of Business - No P.O. Box # 9730 P. in Cass for Ave	ss Polon A.						
Suite, Apt. #, etc.			07182008	Chg-P	CR2E034 (12/06)		
City & State TAMPP , FL	State City & State Tamph, F.		4. FEI Number 01-08781	00		plied For t Applicable	
2ip 33 619 Country USA	Zip 33619	Country	5. Certificate of	Status Desired	□ \$8.75 Add Fee Require		
6. Name and Address of Current	Registered Agent	Name	7. Name and Ad	dress of New R	egistered Agent		
MAK_ARIOUS, WAGIH 9211 ROCKROSE DR TAMPA, FL 33647			Street Address (P.O. Box Number is Not Acceptable)				
	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, typed or printed name of registered agent	and title if applicable. (NOTE. I	Registered Agent signature requ	ired when reinstating)		DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaigi Trust Fund Contrib		55.00 May Be added to Fees				
		11.	ADDITIONS/CH	IANGES TO OFF	CERS AND DIRECTOR		
TITLE P Delete NAME MAK ARIOUS, WAGIH		TITLE	MAKARIO		☐ Change	Addition	
STREET ADDRESS 9720 PRINCESS PALM AVE, SUITE 114		STREET ADDRESS CITY-ST-ZIP	9120_Pain	cess Pa	19iH Lm. Ave., S	nite 114	
l r	MEKHIEL, MANAL ADDRESS 9720 PRINCESS PALM AVE, SUITE 114 STR				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ned in Chapter 119. F	lorida Statutes I	Change	Addition	

12. I nereby certify that the information supplied with 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 eath; 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:

WASTIN MAK ARI OULS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

- WAGIH MAKARIOWS

1/21/2

121/2008 Daytime Phone #

ATTACHMENT

40112565 #P06000108226

PROVISION FOR WAIVER OF THE \$400.00 LATE FEE:

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report along with the original annual report fee.

_____ SERR SIR,

We did not Received Annual Report

notice. Please, WAIVE the \$400.00

Late Fees.

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