

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000085405**

1. Entity Name

NRV/CAB MANAGEMENT, INC.



Principal Place of Business

2600 DOULGAS ROAD - SUITE 405  
CORAL GABLES FL 33134  
US

Mailing Address

2600 DOULGAS ROAD - SUITE 405  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0491441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEARNS WEAVER MILLER WEISSLER ET AL  
C/O RICHARD E SCHATZ  
150 WEST FLAGLER STREET, STE 2200  
MIAMI FL 33130

Name

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: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
VAN AKEN, NORMAN R  
21 ALMERIA AVENUE  
CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
BRUGGEMEIER, CARL A  
21 ALMERIA AVENUE  
CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/05