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2005 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 20, 2006 8:00 am

1. Entity Nan		0009899		Secretary of State 04-20-2006 90194 030 ***150.00
Principal Plac 101 S.W. 52Ni MIAMI FL 331		Mailing Address 7331 CORAL WAY SUITE 240 MIAMI FL 33155		
2. Principal P	Place of Business	3. Mailing Address C + 12 Sabal	Inc	E 1921/1021 1/2 14/06 GYIN STIN STIN SONN SONN SONN COURT (GCG) 12/16 14/17 14/17 14/17
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	4th Street	☐ CHECK HERE IF MAKING CHANGES
City & Stat	е	City & State FI	<u></u>	4. FEI Number 59-3298680 Applied For Not Applicable
Zip	Country	33174	Country USA	✓ S. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
	6. Name and Address of Current F			7. Name and Address of New Registered Agent
VEGA, CL	EMENTE		Name C	mente Vega (P.O. Box Number is Not Acceptable)
	52ND COURT			
MIAMI FL	33134		11421 City 11:	SW 82nd Terrace
			MIC	1M1 FL 33174
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE F	Registered Agent signature require	of when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CLEMENTE VEGA 101 S. W. 52ND COURT MIAMI FL 33134	☐ Delete	TITLE NAME STREET ADDRESS C!TY-ST-Z!P	· Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	D DE RODRIGUEZ, ERMINIA DUENA 101 S. W. 52ND COURT MIAMI FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete 、	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS		☐ Detete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: 4

Date

Daylime Phone #

Form 17 20 Comparison of the Process of the Pro	_	1	120	Y	<i>.</i>	Į	ບ.ຮ [ົ] ∓ັ	Corpora	tion inc	Ome		Retur				OMB No. 1545-0123
Check If Use IRS Development and the property of the pro	Depar	tment	of the Tre		For calen			x year begir	ining	<u> </u>	2005,			·		2005
	_			7108		Name		- See	separate i	nstructio	ons.			ΤR	Employer	
Properties Pro	10	onsolie ttach i	dated retu	m 🗀	Han IBS	Į.	ז גר כז ג	TNC						-		
Personal sortes comp	2 P	ersona	n holding						If a P.O. box	see instructi	ions.			+-		
Special pain real income. Assistance Topic pain pain pain pain pain pain pain pain	Š	hédul	le PH) .	⋯										ľ	·	
MIANI MIANI FIL 33155-1471 \$ 750,856.							KAL	WAY SUIT	E 240		etata	7IP code		╁		
Table Tabl	4 S	hedul	le M-3 req	uired $ egin{array}{c} $	**									1		•
1 a Gross recepts or sales				$\overline{}$					1					_		/50,856.
2 Cost of goods sold (Schedule A, line 8). 3 Gross profit. Subtract line 2 from line 1 c	<u> </u>			~						nge T	(4)	Addres	T		1	
3 Gross profits Subtract line 2 from line 1c 3 200, 8882 4		1		•									_•			200,888.
A Dividends (Schedule C, line 19) 4 4 5 5 5 5 5 5 5 5																
S		1													1	200,888.
C G Gross royalites F Gross royalites Gross royalites F Gross royalites Gross royalites F Gross royalites F Gross royalites Gross royalites Gross royalites Gross royalites Gross royalit	ļ	1														
6 6 Gross rentals 6 7 7 8 8 8 6 6 7 7 8 9 9 9 9 9 9 9 9 9															5	
8 Capital gain net income (attach Schedule D (Form 1120)) 8 9 Net gain or (loss) from Form 4797, Part II. line 17 (attach Form 4797) 9 10 Other income (see instructions – attach schedule) 10 12 Compensation of officers (Schedule E, line 4) 12 2 Compensation of officers (Schedule E, line 4) 12 13 Salaries and wages (sees employment credits) 13 Salaries and wages (sees employment credits) 15 Id. Repairs and maintenance 14 2 2, 915. 15 Id. Repairs and maintenance 15 Id. Repairs and maintenance 16 Id. 22, 915. 16 Rents 15 Id. Rents 15 Id. Rents 17 21, 015. 17 21, 015. 18 Interest 17 21, 015. 19 Charitable contributions (see instructions for 10% limitation) 19 Charitable (see Instructions for 10% limitatio		l													\vdash	
9 Net gain or (loss) from Form 4797, Part III, line 17 (attach Form 4797) 10 Other income (see instructions — attach schedule) 11 Total Income. Add lines 3 through 10				-											-	
10 Other income (see instructions — attach schedule)																
11 Total Income. Add lines 3 through 10				-	•	· ·		,								
12 12 12 13 15 15 15 15 15 15 15		11														
13 Salaries and wages (less employment credits) 13															· 11	200,888.
14 Repairs and maintenance	_					•										
15 Bad debts 15 15 16 17 16 17 17 17 17 17	ë															00.015
16 Rents	DÃ		•													22,915.
17 Taxes and licenses 17 21,015 18 Interest 18 15,979 19 19 10 10 10 19 19 1	- 1														_	
18															-	21 015
19 Charitable contributions (see instructions for 10% limitation) 19 20a 17,026	٠ j														-	
20 a Depreciation (attach Form 4562) 20 a 17,026. 20 c	NÎ	11													_	13,375.
21 Depletion 22 Advertising 22 Advertising 23 24 25 25 25 25 25 25 26 26	S	20			•				,						24 24 C	
Pension, profit-sharing, etc. plans 23 Pension, profit-sharing, etc. plans 24 Pension, profit-sharing, etc. plans 25 Pension, profit-sharing	5 S											 	•			17,026.
23	Ē	2	1 Dep	letion											21	
24 Employee benefit programs 24	ı N														22	
Domestic production activities deduction (attach Form 8903) Control of Other deductions (attach schedule) . See Other Deductions. Statement Control of Other deductions. Add lines 12 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Add lines 25 through 26. Control of Other deductions. Subtract line 25 through 26. Control of Other deductions. Subtract line 25 through 26. Control of Other deduction	\$ E	ļ -			_											
26	Rυ			-	. •											
Total deductions. Add lines 12 through 26. 27	Ç	•					•								-	66 270
Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		3.														
29 Less: a Net operating loss deduction (see instructions) b Special deductions (Schedule C, line 20). 29 b 29 c T axable Income. Subtract line 29c from line 28 (see instructions if Sch C, line 12, was completed). 30 57,575. 31 Total tax (Schedule J, line 11). 31 9,394. A Payments: a 2004 overpayment credited to 2005. A b 2005 estimated tax payments. 32 b 6,927. B c Less 2005 refund applied for on Form 4466. 32 c d Bal 22d 7,509. e Tax deposited with Form 7004. 32 e 1,885. A f Credits: (1) Form 2020 is attached. A Tax due. If line 32g is smaller than the total of lines 31 and 33, enter amount owed. 33 a Tax due. If line 32g is larger than the total of lines 31 and 33, enter amount overpaid. Sign B Enter amount of line 35 you want: Credited to 2006 estimated tax. P Credits: (1) Form 25 you want: Credited to 2006 estimated tax. P Credits: (2) Form 36 you want: Credited to 2006 estimated tax. P Compayment. If line 35 you want: Credited to 2006 estimated tax. P Compayment of officer beat beat of payments and statements, and to the base of my knowledge. P Compayment of the 35 you want: Credited to 2006 estimated tax. P Compayment of the Statements and to the base of my knowledge. P Check if self. P Check	N S															
b Special deductions (Schedule C, line 20). 29b 29c T A 30 Taxable income. Subtract line 29c from line 28 (see instructions if Sch C, line 12, was completed). 30 57,575. A 31 Total tax (Schedule J, line 11). 31 9,394. A Payments: a 2004 overpayment credited to 2005. 32 a 582. A D 2005 estimated tax payments. 32 b 6,927. D C Less 2005 refund applied for on Form 4466. 32 c d Bal D 32 d 7,509. E Tax deposited with Form 7004. 32 e 1,885. A Tax deposited with Form 7004. 32 e 1,885. E Tax deposited with Form 7004. 32 e 1,885. E Tax deposited with Form 7004. 32 e 1,885. E Tax deposited with Form 7004. 32 e 1,885. E Tax due. If line 32g is smaller than the total of lines 31 and 33, enter amount owed. 34 33. E Stimated tax penalty (see instructions). Check if Form 2220 is attached.	5	1												• •		31,373.
T 30 Taxable income. Subtract line 29c from line 28 (see instructions if Sch C, line 12, was completed)		-				•		•			$\overline{}$					
A N D C Less 2005 refund applied for on Form 4466 32 c d Bal 7,509. P A T A deposited with Form 7004		30	0 Tax			· · · · · · · · · · · · · · · · · · ·						•	ed)		i i	57 575
32 Payments: a 2004 overpayment credited to 2005	À														-	
b 2005 estimated tax payments	Х	33					32 a		582.		i di Bi	814 L 1 1 1 4 4	AND LEED	elen.		
c Less 2005 refund applied for on Form 4466 . 32 c			b 200	5 estima			32 b	•								
f Credits: (1) Form 2439 (2) Form 32 f 32 f 32 g 9,394. 33 Estimated tax penalty (see instructions). Check if Form 2220 is attached							32 c		c	l Bal►	32 d)	7,5	09.		
f Credits: (1) Form 2439 (2) Form 32 f 32 f 32 g 9,394. 33 Estimated tax penalty (see instructions). Check if Form 2220 is attached	_		e Tax	deposite	ed with Form	7004					32 e				7	
Sign Signature of officer Date 3.74-06 Check if self-employed Signature Preparer's Signature Sign		1					(2) F	om 136					, -		320	9 394
Tax due. If line 32g is smaller than the total of lines 31 and 33, enter amount owed	Y	33		_		e instructions	- Chec	k if Form 22	20 is attache	<u></u>	<u> </u>		× X	1	 	
Sign Here Preparer's Signature Preparer's							,				wed.				 	····
Sign Here Signature Signa	N											maid			-	
Sign Here Under pepalties of perjury, I declare that Leve examined this return, including accompanying schedules and statements, and to the best of my knowledge and bairef, its stripe, correct, and competed and bairef, its stripe and competed and competed and competed and competed and competed a		Ι.									5.0		Refunda	d ►		
Paid Preparer's signature of officer Date 3-14-06 Check if self-employed Preparer's SSN or PTIN 584-86-2386 Preparer's Firm's Name (or yours if contents) Use Only	_		Jnder pen	alties of pe	rjury, I declare tha	l have examine	d this retu	rn, including acc	ompanying sche	dules and s	statemen	nts, and to the	best of my	knowle		May the IRS discuss this
Paid Preparer's signature of officer Preparer's signature Preparer's signature Preparer's SSN or PTIN State S			L Control	ار بادارات المارية الم	man and compre	cia. Daciaisilou o	n prepare	(culer man taxp	ayer) IS D850G C	n an inform	ALION OF				ıye.	return with the preparer
Paid signature Meyull 3-14-06 Check if self Firm's Name (or yours if Use Only Use Only Check if self Firm's Name (or yours if Use Only Firm's Name (or yours if Use Only			Signa	ture of offic	xer O	À			Date 3 - 27	-06						
Preparer's Firm's Name (or yours if (or your						1	,					Chapt # = -				ÎN
Use Only or yours if			,		P(//	jegu		<u> </u>		<u> 5-14.</u>	-06	employed	· [X]			
self-employed), address, and 190x 2046 Athon 170 F/C 00705 (787) 731-823/				(or yours if	\ -	JOSE /				00				160	6-041	2252
	UGC	. •	,	address, a	yed),	150x 20	746	4160	ni TU	<u> </u>		0070	<u>ی </u> _	ا۔ مم	787	735-823/





INTU Page 3 Form F-1120 (R 01/06)

NAME C & R SABAL, INC.

FEIN 59-3298680 TAXABLE YEAR ENDING 12/31/05

713.73		104	62 4 2124 (0¢\)
1	Schedule A = Computation of Emergency Exclse Fax (for assets placed in service 1/4 Total depreciation expense deducted on federal Form 1120		17,026.
H			17,020.
2	Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2	60,635.
3	Loss carry forward (Enter the loss as a positive number)	 3	0.
4	Subtract Line 3 from Line 2 and enter here. Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4	60,635.
5	Depreciation deducted pursuant to IRC Section 168 for assets placed in service 1/1/81 to 12/31/86	5	
6	Straight-line depreciation deducted pursuant to IRC Section 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6	
7	All depreciation deducted pursuant to IRC Section 168 directly related to any amount shown as nonbusiness income	7	
8	Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8	
9	Multiply Line 8 by .40 (40%) and enter here	9	
10	Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10	
11	Multiply Line 9 by Line 10 and enter here		
12	Determine the amount of depreciation deducted pursuant to IRC Section 168 (except pursuant to Section 168(b)(3)) used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter here	12	
13	Add Lines 11 and 12 and enter here	13	
14	Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0		0.
15	The portion of the exemption provided in Section 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15	0.
16	Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here		0.
17	Multiply Line 16 by 2.5 (not 2.5%) and enter here. Note: If Line 16 shows a loss, enter 0	17	0.
18	Total tax due (2.2% of Line 17)	18	0.
19 a	Emergency excise b Emergency excise tax	19	
20	Balance of tax due (enter on page 1, Line 13)	20	0.

Sc	iciulo II - Additions andor Adjustmants (o Federal Vexetile Licone	ندور	Column (a) For page 1	Column (b) For Schedule VI, AMT
1	Interest excluded from federal taxable income (see instructions)	1		
2	Undistributed net long-term capital gains (see instructions)	2		
3	Net operating loss, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)	3		
4	Enterprise zone jobs credit (Form F-1156Z)	4	-	
5	Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	5		
6	Guaranty association assessment(s) credit	6		
7	Rural and/or urban high crime area job tax credits	7		
8	State housing tax credit	8		
9	Credit for contributions to nonprofit scholarship funding organizations	9		
10	Other additions (attach statement)	10		
11	Total Lines 1 through 10 in Columns (a) and (b). Enter totals for each column on Line 11. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3	11		

	1120 (2005) C.& R SABAL,		$\mathcal{M}\mathcal{M}\mathcal{O}\mathcal{O}$	CD9X7	759-3298680	Page 2
Sch	redule A Cost of Goods Solo	(see instructions)	- -	- • ,		
1	Inventory at beginning of year					1
2	Purchases					2
3	Cost of labor					3
4	Additional Section 263A costs (attach schedule					4
5	Other costs (attach schedule)					5
6	Total. Add lines 1 through 5					6
7	Inventory at end of year					7
8	Cost of goods sold. Subtract line 7 fr		nd on page 1, line 2		· · · · · · · · <u>·</u>	8
y a	Check all methods used for valuing clo	sing inventory:				
	(i) Cost					
	(ii) Lower of cost or market					
	(III) Other (Specify method used and atta	ch explanation.)	-			
b	Check if there was a writedown of sub-					
c	Check if the LIFO inventory method wa	s adopted this tax yea	r for any goods (if cl	hecked, attach F	Form 970)	▶ 🗍
	If the LIFO inventory method was used computed under LIFO					
	If property is produced or acquired for		• • •	•	n?	Yes No
	Was there any change in determining closing inventory? If 'Yes,' attach explain the control of t	anation	iations between ope	ning and		Yes No
Sch	nedule C Dividends and Spe (see instructions)	cial Deductions) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned than debt-financed stock)	domestic corporations	(other		70	
2	Dividends from 20%-or-more-owned d than debt-financed stock)				80	
3	Dividends on debt-financed stock of domestic a	• •				
4	Dividends on certain preferred stock of less-tha				42	
5	Dividends on certain preferred stock of 20%-or	•			48	
6	Dividends from less-than-20%-owned foreign of	orporations and certain FS0	Cs		70	
7	Dividends from 20%-or-more-owned foreign co	rporations and certain FSC:	s <u> </u>		80	
8	Dividends from wholly owned foreign s				100	
9	Total. Add lines 1 through 8. See instr	uctions for limitation .	· · · · · · · · · · · · · · · · · · ·			
10	Dividends from domestic corporations received company operating under the Small Business I	nvestment Act of 1958			100	
11	Dividends from affiliated group member	rs and certain FSCs .			100	
12	Dividends from controlled foreign corporate				85	
13	Dividends from foreign corporations not include					
14	Income from controlled foreign corporations un				1.2 (1.9 12)	
15	Foreign dividend gross-up				1.74 Mark 15	
	IC-DISC and former DISC dividends not include					
17	Other dividends		***************************************			
18	Deduction for dividends paid on certain preferre	•				
19 20	Total dividends. Add lines 1 through 17. Enter			1 ! 205		
	Total special deductions. Add lines standard Employers Compensation of Compensation					<u>· ~ </u>
001	Note: Complete Schedule	E only if total receipts	(line 1a plus lines 4	through 10 on	page 1) are \$500,000	or more.
1	(a)	(b)	(c) Percent of time devoted	Percent of o	corporation stock owned	(f) Amount of
	Name of officer	Social security number	to business	(d) Commo		
			*		₹ <u> </u>	8
		<u> </u>	*	ļ	8	<u> </u>
			8		ક	8
			%	ļ. <u>.</u>	8	<u>%</u>
	<u> </u>		*	l	ક	*
_	Total compensation of officers					• •
3	Compensation of officers claimed on S Subtract line 3 from line 2. Enter the re				• • • • • • • • • • •	, .

Form 1	1120 (2005) C.& R SABAL, INC. #P	15X	10001	147	59-3298680	Page 3
Sche	edule 1 Tax Computation (see instructions)					
1 (Check if the corporation is a member of a controlled group				. ▶ 🔲	
- 1	mportant: Members of a controlled group, see instruction	ns. '				
2 a l	f the box on line 1 is checked, enter the corporation's share of the \$50	,000, \$25,0	00, & \$9,925,000 taxa	ble income brackets (ir	n that order):	
((1) \$ (2) \$		(3)	\$		
b 8	Enter the corporation's share of: (1) Additional 5% tax (not a	nore than \$	11,750)	\$		
	(2) Additional 3% tax (not i					
3 1	ncome tax. Check if a qualified personal service corporati		•			
	see instructions)				▶ □ 3	9,394.
	Alternative minimum tax (attach Form 4626)					
	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·					9,394.
	Foreign tax credit (attach Form 1118)					
	Possessions tax credit (attach Form 5735)					
	General business credit. Check box(es) and indicate whic					
					in the same of	
a (Form 3800 Form(s) (specify). ►Credit for prior year minimum tax (attach Form 8827)			6 e		
	Bond credits from: Form 8860 Form 8912	· · · · ·	• • • • • • • • •	66	*:	
	Total credits. Add lines 6a through 6f					
	Subtract line 7 from line 5					0.204
	Personal holding company tax (attach Schedule PH (Forn					9,394.
		1 1120)) Form 869'				
44 -			•			
Cabi	Total tax. Add lines 8 through 10. Enter here and page 1, edule K Other Information (see instructions)	line 31.		<u> </u>	···· <u>]]] </u>	9,394.
	Check accounting method:	Yes No				h. Jan
_	Cash b X Accrual	253 15	7 At any time	during the tay year	, did one foreign person	Yes No
- 1	Other (specify)		own, directly	y or indirectly, at le-	ast 25% of (a) the total	
_	See the instructions and enter the:		voting power	er of all classes of s	tock of the corporation value of all classes of	
	Business activity code no. ► 006599		stock of the	corporation?		
	Business activity RENT		If 'Yes,' ente	er: (a) Percentage o	owned ▶	
	Product or service COMMERCIAL RENT At the end of the tax year, did the corporation own.		and (b) Owr	ner's country 🟲 🔠		
	directly or indirectly, 50% or more of the voting stock	100	c The corpora	ation may have to fi	le Form 5472,	
(of a domestic corporation? (For rules of attribution, see section 267(c).)	x	Information	Return of a 25% For	oreign-Owned U.S.	
	f 'Yes,' attach a schedule showing: (a) name		a U.S. Trade	e or Business. Ente	oration Engaged in er number of	
E	and employer identification number (EIN), (b)		Forms 5472	? attached		
ŗ	percentage owned, and (c) taxable income or loss) before NOL and special deductions of such			· ·	on issued publicly offered	_
ò	corporation for the tax year ending with or within your tax year.	1.0		3	ssue discount	
			In Karama a Maria	Datama Land Data Calif	y have to file Form 8281,	
	s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	X	Discount Ins		Offered Original Issue	
	f 'Yes,' enter name and EIN of the parent corporation		9 Enter the an	mount of tax-exemp	t interest received or	
			accrued dur	ring the tax year	. • \$	
			10 Enter the nu	umber of sharehold	ers at the end of the tax yea	
	At the end of the tax year, did any individual, part- nership, corporation, estate or trust own, directly or			· · - · •	· · · · · · · · · · · · · · · · · · ·	
i	ndirectly, 50% or more of the corporation's voting				for the tax year and is electing	9-,
	stock? (For rules of attribution, see section 267(c).)	X	•	•	check here	
	f 'Yes,' attach a schedule showing name and dentifying number. (Do not include any information				ed return, the statement required b 12-21T(b)(3) must be attached or th	
á	already entered in 4 above.)		election will no		z z r r (b)(o) mast be attached or a	
E	Enter % owned • 100.00 See Ques 5 Stmt				ver from prior tax years	
6 [During this tax year, did the corporation pay dividends	gels:	•	uce it by any deduc	tion on line 29a.)	
(other than stock dividends and distributions in		► \$			
	exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See		13 Are the corp through 10 c	oration's total rece on page 1) for the ta	ipts (line 1a plus lines 4 ax year and its total assets	400
	sections 301 and 316.)	x			han \$250,000?	
	f 'Yes,' file Form 5452, Corporate Report of		If 'Yes,' the	corporation is not re	equired to complete	
	Nondividend Distributions. f this is a consolidated return, answer here for the				page 4. Instead, enter the ns and the book value of	
p	parent corporation and on Form 851, Affiliations	1			in cash) made during the	
į	Schedule, for each subsidiary.		tax year. 🟲	Ś		

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

ATTACHMENT 40055 145

C.& R SABAL, INC.# (951) Form 1120 (2005) Page 4 Note: The corporation is not required to complete Schedules L, M-1 and M-2 if Question 13 on Schedule K is answered 'Yes. Schedule L Balance Sheets per Books Beginning of tax year End of tax year Assets (d) (b) (c) 41,962. 20,392. 2 a Trade notes and accounts receivable U.S. government obligations Tax-exempt securities (see instructions) . . . 6 Other current assets (attach schedule) . . Ln .6. Stmt 59,912. 7 Loans to shareholders 25,000. Mortgage and real estate loans Other investments (attach schedule) 10a Buildings and other depreciable assets 664,000. 664,000 b Less accumulated depreciation 167.422 496,578. 184,448. 479,552 **b** Less accumulated depletion 166,000. 12 Land (net of any amortization) 166,000. 13a Intangible assets (amortizable only). **b** Less accumulated amortization 750,856 Liabilities and Shareholders' Equity 16 Accounts payable 3,300 6,650. Mortgages, notes, bonds payable in less than 1 year . . 18 Other current liabilities (attach sch) . . Ln. 18 Stmt 20,243 31,230. 152,836 91,937 20 Mortgages, notes, bonds payable in 1 year or more . . . 81,085. 109,555. Other liabilities (attach schedule) Capital stock: a Preferred stock **b** Common stock. . . . 1,000 1,000 1,000. 1,000. Additional paid-in capital 164,000. Retained earnings - Approp (att sch) 25 Retained earnings - Unappropriated . . . 282,658 343,291. 26 Adjmnt to shareholders' equity (att sch) 27 Less cost of treasury stock 28 Total liabilities and shareholders' equity. . . . 583,663. Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return (see instructions Net income (loss) per books Income recorded on books this year not 60,633. Federal income tax per books 9,394. included on this return (itemize): Excess of capital losses over capital gains . . Tax-exempt interest \$______ Income subject to tax not recorded on books this year (itemize): 8 Deductions on this return not charged against book income this year (itemize): 5 Expenses recorded on books this year not a Depreciation . \$______ deducted on this return (itemize): **a** Depreciation \$_____ b Charitable contributions . \$ c Travel & entertainment . \$ 6 Add lines 1 through 5 . . . 70,027 Income (page 1, line 28) — line 6 less line 9 . . . 70,027. Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L) Balance at beginning of year 282,658. 5 Distributions a Cash . 2 Net income (loss) per books 60,633 c Property Other increases (itemize): 6 Other decreases (itemize): 7 Add lines 5 and 6. Add lines 1, 2, and 3 343,291. 8 Balance at end of year (line 4 less line 7) 343,291.

40055146 Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2005

Department of the Treasury Internal Revenue Service Attachment Sequence No. ► See separate instructions. ► Attach to your tax return. Name(s) shown on return Identifying number C & R SABAL, INC 59-3298680 Business or activity to which this form relates Form 1120 Line 20 Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. Part I Maximum amount. See the instructions for a higher limit for certain businesses 1 1 \$105,000. 2 Total cost of section 179 property placed in service (see instructions) . . . 2 Threshold cost of section 179 property before reduction in limitation . . . 3 \$420,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Q Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . 12 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12..... Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs) . . 14 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2005. 17,026 If you are electing to group any assets placed in service during the tax year into one or more general Section B — Assets Placed in Service During 2005 Tax Year Using the General Depreciation System (g) Depreciation (a) (b) Month and (C) Basis for depreciation Classification of property /husiness/investment use Recovery period only - see instructions) 19 a 3-year property. **b** 5-year property c 7-year property. d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental S/L 27.5 yrs MM property MM S/L 27.5 yrs I Nonresidential real MM S/L 39 yrs property MM S/L Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System s/L S/L 12 yrs c 40-year....... 40 yrs MM \$/L Part IV Summary (see instructions)

17,026.

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Form	4562	/20051	/Pau	1,2006

C & R SABALT INC. 9500009899

59-3298680

Page 2

Part V. Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A. all of Section B. and Section C if applicable.

	columns	(a) inrough (c) c	or Section A, a	ii or Section	on B, and	1 Section	C II ap	piicab	ie.						
	Section	n A – Depreci	ation and Oth	er Inform	ation (C	aution:	See the	instr	ıctions fo	r limits for	passen	ger autor	nobiles.)	
24:	a Do you have eviden	ce to support the bi	usiness/investme	nt use claim	ed?	[Yes	Щ	No 24b I	f 'Yes,' is the	e evidenc	e written?.	· · · [Yes	No
T	(a) ype of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d Cost other b	or	(busine	(e) or deprecia ess/investn ise only)		(f) Recover period	y M	(g) ethod/ evention	Dept	(h) reciation duction	Ele secti	(i) ected ion 179 cost
25	Special allowance for property placed in s	or certain aircraft, c ervice during the ta	ertain property wi x year and used	th a long promore than 5	oduction pe 0% in a qu	eriod, and alified bus	qualified l iness use	New Yo	ork Liberty (or GO Zone	25				
26	Property used m	ore than 50% ir	a qualified bu	isiness us	se:										
			ļ												
			 			ļ						.			
	December 1997 of 50	20/ 1 !	126-11-1			<u></u>						J			
	Property used 50	0% or less in a c	qualified busine	ess use:		1		I		<u> </u>		1		Fig. 6%	gjer, se
			 		• · ·	 					····	 	··		stade :
			 			 				-		+		\dashv	BAD at amboni kin
28	Add amounts in	column (h) line:	s 25 through 2	7 Enter h	ere and	on line 2	1 nane	1		11	. 28			\dashv	
29	Add amounts in												29	3	ter self of the s
				Section											
Com	plete this section	for vehicles use	d by a sole pr	oprietor, p	artner, o	r other 'r	nore tha	an 5%	owner,' o	or related	person.	If you pro	oviđed v	ehicles	
to yo	our employees, firs	st answer the qu	estions in Sec	tion C to	see if you	u meet a	n excep	tion to	complet	ing this se	ection fo	r those v	ehicles.		
20	Total business !		4.*	(a)	(1)		(c)	(d)	(4	e)	(f)
30	Total business/in during the year (ariven	Veh	icle 1	Vehi	cle 2	∨	ehicle 3	Veh	icle 4	Vehi	icle 5	Vehi	icle 6
	commuting mile:	•										ļ		ļ	
	Total commuting mi		-	·				-				ļ		 	
32	72 Total other personal (noncommuting) miles driven														
33	Total miles drive lines 30 through	n during the yea	ar. Add 												
				Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty h														
35	Was the vehicle than 5% owner or	used primarily b or related person	oy a more n?												
36	Is another vehicle personal use?														
		Section (C — Question	s for Emp	oloyers V	Who Pro	vide Ve	hicle	s for Use	by Their	Emplo	yees		-	
Ansv 5% c	wer these question owners or related	ns to determine persons (see ins	if you meet an structions).	exception	n to comp	oleting S	ection E	3 for v	ehicles u	sed by em	ployees	who are	not mo	re than	
37	Do you maintain by your employe	a written policy	statement tha	t prohibits	all perso	onal use	of vehic	des, ir	cluding o	ommuting	l,			Yes	No
38	Do you maintain employees? See	a written policy	statement tha	t prohibits	persona	l use of	vehicles	exce	ept comm	uting, by	our/				
39	Do you treat all u						unectors	s, or 1	76 OF ITIO	e owners		<i>.</i>			
40	Do you provide r			•			ation fro	m vou	r emplov	ees about	the use	of the			
41	vehicles, and ret Do you meet the	ain the informat	ion received?												
	Note: If your ans	wer to 37, 38, 3	• •					•		,				177	urjų. Prisirė
Pai	rt VI Amorti					1			1						
	Desc	(a) cription of costs		Date an	(b) nortization egins		(C) Amortizab amount			(d) Code ection		(e) ortization eriod or		(f) Amortization for this year	
	4								<u> </u>			centage	<u> </u>	una yua	
42	Amortization of o	costs that begins	s during your 2	2005 tax y	ear (see	instructi	ons):		T		_		T		
						+			 		_		\vdash		
43	Amortization of	costs that hegal	n before vour :	2005 tax v	ear.							. 43			
44	Total. Add amo	_	-	-								. 44			

ATTACHMENT 40055 145

C & R SABAL, INC. 59-3298680

#195000009899

Form 1120, Page 1, Line 26
Other Deductions Statement

Automobile and truck expense	6,531.
Bank charges	95.
Commissions	16,800.
Insurance	22,407.
Legal and professional	17,910.
Telephone	783.
Utilities	1,852.

Total

66,378.

Form 1120, Page 4, Schedule L, Line 6 Ln 6 Stmt

Other Current Assets:	Beginning of tax year	End of tax year
PREPAID FEDERAL INCOME TAXES		7,509.
PREPAID FLORIDA STATE INCOME TAXES		2,403.
REFUND FEDERAL INCOME TAXES	582.	
A/R RELATED PARTY		50,000.

Form 1120, Page 4, Schedule L, Line 18

Ln 18 Stmt

Other Current Liabilities:	Beginning of tax year	End of tax year
CUSTOMER DEPOSITS	20,040.	31,230.
FLORIDA CORPORATE INCOME TAX PAYABLE	203.	
FEDERAL CORPORATE INCOME TAX PAYABLE		

Total 20,243. 31,230.

Form 1120, Sch K, Corporation Ownership Information

Ques 5 Stmt

Name	ID No.
CLEMENTE VEGA	267-17-7133
ERMINA DUENAS	265-02-8842

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