
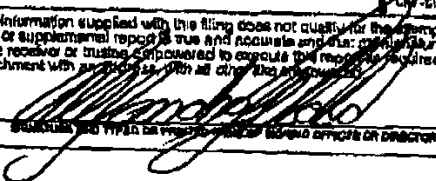


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**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P98000099378</b>			
1. Entry Name <b>ALEBO MCNAB, INC.</b>			
Principal Place of Business <b>CAO FIRE GROUP 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145</b>		Mailing Address <b>CAO FIRE GROUP 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145</b>	
2. Principal Place of Business		3. Mailing Address	
Bldg. Apt. #, etc.		Bldg. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0716668</b>		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 <b>MURAI WALD, BIONDO &amp; MORENO, P.A. 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVENUE MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Murai Wald Biondo &amp; Moreno P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 Alhambra Plaza PH 1B</b> City <b>Coral Gables</b> FL Zip Code <b>33134</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning.)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>0 BORA, ALEJANDRO CAO FIRE GROUP, 2299 DOUGLAS ROAD, 4TH FLR MIAMI, FL 33145</b>	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
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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 exemption stated in Section 118.07(3)(i), Florida Statute. I further certify that the information indicated on this report or supplemental report is true and accurate and that the information so stated shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute the reports required by Chapter 607, Florida Statute; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an asterisk, with all other changes.			
SIGNATURE: 		Date: <b>4/29/05</b> (305) 443-2508	