## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT#

P97000066702

1. Entity Name CABOCA, INC.



**FILED** Mar 24, 2003 8:00 am secretary of State

03-24-2003 90234 012 \*\*\*150.00

TITLE CASTILLO, MARTHA   Delete   TITLE   CASTILLO, MARTHA   STREET ADDRESS   STREET ADDRES							OO WE THE						
Sure, April 4, etc.   Surio, April 4, etc.   Surio, April 4, etc.   GHECK HERS IF MAKING CHANGES    Surio, April 4, etc.   Guntry   Zip   Country   E. Certification of Status Desired   Sa. 75 Additional Fee Required  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name    IRIONDO, ANDRES J   Surious   Name   N	901 PONCE DE LEON BLVD SUITE 501		901 PONCE DE LEON BLVD SUITE 501					1					
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  See 75 Additional Fee 1 Fee 75 Additional Fee	2. Principal Place of Business		3. Mailing Address								11111 1111 1111		
Election Campily   Zip   Country   Zip   Country   S. Cartificate of Status Desired   \$8.75 Additional Fee Prinquired*   See Prinquired*	Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
Country   Country   Country   S. Certificate of Status Desired   S8.75 Assistance   S8.	City & State			City & State				4. F	65-17/7336				7
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. CASTILLO, MARTHA  TITLE  CASTILLO, MARTHA  CASTILLO, MARTHA  CASTILLO, MARTHA  CASTILLO, MARTHA  CASTILLO, MARTHA  CASTILLO, MARTHA  STREET ANDRESS  DIV SI-2P  KEY BISCAYNE FL 33149  TITLE  DST  CAPUANO, MICHELLE  STREET ANDRESS  DIV SI-2P  RECORD SINCE SINCE Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  DATE  Address of Florida. I am familiar visith, and socept is registered agent, or both, in the State of Florida. I am familiar visith, and socept is needed to fee and the of applicable.  PATE Payables of Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DST  CASTILLO, MARTHA  STREET ADDRESS  DIV SI-2P  KEY BISCAYNE FL 33149  DV  DV  DV  DEBET  DOLBING  STREET ADDRESS  STREET ADDRESS  DIV SI-2P  TITLE  ADDITIONS/OHANGES  DIV SI-2P  CAPUANO, MICHELLE  STREET ADDRESS  DIV SI-2P  TITLE  ADDITIONS CONTROLLO				Zip		try	5. (	Certificate of Status Desired		8.75 Add	ditional		
Street Address (P.O. Box Number is Not Acceptable)		6. Name		Registere	egistered Agent			7. N	Name and Address of New Reg	stered A	gent		1
SIGNATURE  SIGNATURE  FL Zip Code  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  SIGN					<del> </del>		Name						]
SIGNATURE  SIGNATURE  FL Zip Code  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  SIGN	IRIONDO.	ANDRES J							•				
CORAL GABLES FL 33134  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the collegators of registered agent, or both, in the State of Florida. I am termillar with, and accept the part of registered agent.  95.00 May Description of registered agent and its of species of the part of registered agent.  95.00 May Description of registered			I RI VID SUITE 501				Street Addres	ss (P.O. B	lox Number is Not Acceptable)				
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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 colligations of registered agent.  SIGNATURE    Signature, hyeric printed name of registered agent and title if applicable.   MOTE Registered Agent's spealure respirate when reinstaling)   DATE	CURAL GA	ABLES FL 3	3134										
THE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II  TITLE  DP  CASTILLO, MARTHA STREET ADDRESS  CITY-S1-ZPP  TITLE  DST  CAPLANDON BLVD #736  KEY BISCAYNE FL 33149  DST  CAPLANDON BLVD #736  CITY-S1-ZPP  TITLE  DST  CAPLANDON BLVD #736  CITY-S1-ZPP  TITLE  AS  IRREPADORESS  CITY-S1-ZPP  TITLE  ANAME  SIREET ADDRESS  CITY-S1-ZPP  TITLE  ADDRESS  CITY-S1-ZPP  TITLE  ADDRESS  TITLE  A							City			FL	Zip Cod	e	
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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	CITY-ST-ZIP												
	12. I hereby o	certify that the	e information supplied with	this filing	does not qualify for	the exe	mption stated in	Section	119.07(3)(i), Florida Statutes. I fu	rther certi	fy that the i	nformation	1

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.

J. IRCONDO