


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

FILED

05 NOV 21 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074913  
1. Entity Name  
**Cabrera Show Ranch, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3805 SW 103 Ave</b>		3. Mailing Address	
Subst. Apt. #, etc. <b>Ste 120</b>		Subst. Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State	
Zip <b>33165</b>	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0780001</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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7. Name and Address of Current Registered Agent

**Mr. Sanchez, Omar N.**  
Street Address (P.O. Box Number is Not Accepted)  
**3805 SW 103 Ave**  
**Ste 120**  
**Miami FL 33165**

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.

**000061956890**  
12/06/05--01033--008 \*\*\*150.00

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

January 1 to May 1, Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$61.25  
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		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

W SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2005 or any other notice from the Division of Corporations in respect with the Corporation, **CABRERA SHOW RANCH, INC.**

Thank you for your courtesy in this matter.



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**OMAR N. SANCHEZ**  
**PRESIDENT**