


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000008252**  
 1. Entity Name  
**CABAZON INDUSTRIES, INC.**



Principal Place of Business  
**909 E NEW HAVEN AVE.  
 STE. 204  
 MELBOURNE, FL 32901**

Mailing Address  
**909 E NEW HAVEN AVE.  
 STE. 204  
 MELBOURNE, FL 32901**

**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3497545</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TYNES, ANTHONY J  
 909 E NEW HAVEN AVE.  
 STE. 204  
 MELBOURNE, FL 32901**

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000313580  
 05/08/08-80021-023 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYNES, ANTHONY J 2655 SUMMER BROOK ST. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TYNES, ANTHONY 2655 SUMMER BROOK ST. 2655 MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anthony J. Tynes 4/15/08 321-255-9783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #