



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90298 016 ***150.00

DOCUMENT # P98000049822					
1. Entity Name CABRA CORPORATION					
Principal Place of Business 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 US			Mailing Address 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021		
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900 City & State: Aventura, FL Zip: 33181 Country: USA		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900 City & State: Florida Zip: 33181 Country: USA			
01262004 Chg-P CR2E034 (10/03)		4. FEI Number 65-0858384		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 ROUSSO, MARK E 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021			
7. Name and Address of New Registered Agent Name: Roussso, Mark E. Esq. Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29th Ave # 900 City: Aventura FL Zip Code: 33181		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: <u>Mark Roussso</u> DATE: <u>04/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PSD BRAGA, FEDERICO 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 NE 29th Ave #900 Aventura FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BRAGA, CARLOS A 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 NE 29th Ave #900 Aventura FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 an other like empowered.					
SIGNATURE: <u>Federico Braga</u>		04/23/04 4862790000		DAYTIME PHONE #	