2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P98000097084 1. Entity Name SABNER INC. Principal Place of Business Mailing Address 1199 W. FLAGLER STREET MIAMI FL 33130-1033 1199 W. FLAGLER STREET MIAMI FL 33130-1033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0234002 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SABATES, NERY B Street Address (P.O. Box Number is Not Acceptable) 1199 W. FLAGLER STREET MIAMI FL 33130-1033 City Zip Code 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). FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE Delete THE ☐ Change ☐ Addition NAME SABATES, NERY B NAME STREET ADDRESS 1199 W. FLAGLER STREET STREET ADDRESS U000000539460 CITY-ST-ZIP MIAMI FL 33130-1033 CITY-ST-ZIP 05/09/06-80099-022 150.00 TITLE PD ☐ Delete ☐ Change Addition NAME SABATES, MARIO A NAME STREET ADDRESS 1199 W. FLAGLER STREET STREET ADDRESS CITY - ST - ZIP MIAMI FL 33130-1033 CITY - ST-ZiP ☐ Delete. 1171.6 ☐ Change ☐ Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DIY-SI-DP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ım e ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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

SIGNATURE: \_\_\_

ATOHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered

4/25/06 (305) 324-123

Daytime Phone #