

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000103838

Entity Name: CAB PLUS, INC.

FILED
Dec 10, 2008
Secretary of State

Current Principal Place of Business:

4810 N HALE AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

1211 E CUMBERLAND AVE SUTE 2503
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3548738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEGUSEI, BROOK
1211 E CUMBERLAND AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: NEGUSEI, BROOK
Address: 1211 E CUMBERLAND AVE SUITE 2503
City-St-Zip: TAMPA, FL 33602

Title: V (X) Delete
Name: NEGUSEI, B JOSEPH
Address: 18412 TURNING POINT DR
City-St-Zip: LUTZ, FL 33549

Title: VP (X) Delete
Name: NEGUSSE, D TAMRAT
Address: 4810 N HALE AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BROOK NEGUSEI

PTS

12/10/2008

Electronic Signature of Signing Officer or Director

Date