

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000030364

1. Entity Name  
SABRE CENTRE II, INC.



Principal Place of Business  
2240 WOOLBRIGHT ROAD #300  
BOYNTON BEACH, FL 33426

Mailing Address  
2240 WOOLBRIGHT ROAD #300  
BOYNTON BEACH, FL 33426

**DO NOT WRITE IN THIS SPACE**

03-27-2006 90243 002 \*\*\*150.00

40038349



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0912616	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

APPIGNANI, LOUIS J  
2240 WOOLBRIGHT ROAD #300  
BOYNTON BEACH, FL 33426

**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, 2006 Fee will be \$550.00**

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	DCTP APPIGNANI, LOUIS J 2240 WOOLBRIGHT ROAD #300 BOYNTON BEACH, FL 33426
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** *Louis J. Appignani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 361-364-5500  
Date Daytime Phone #