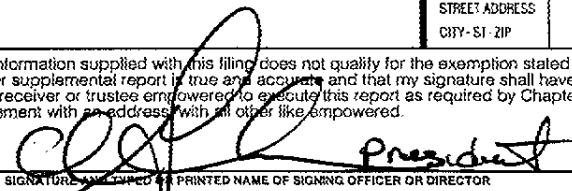


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000056825 1. Entity Name CORPORATE CAB, INC.					
Principal Place of Business 240 AVIATION DRIVE NORTH STE 202 NAPLES, FL 34104-3568			Mailing Address 240 AVIATION DRIVE NORTH STE 202 NAPLES, FL 34104-3568		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03272004 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-3586198				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, C C 8075 TIGER COVE UNIT 1707 NAPLES, FL 34113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	P GRAHAM, C.C. 8075 TIGER COVE #1707 NAPLES, FL 34113 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 000000114473 04/15/04-80051-008 158.75	
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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)(f), 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:  President 4-12-04 2394031066					