

TRANSMITTAL LETTER

FILED
02 NOV 22 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: CABAN SYSTEMS INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ARON CABAN
(Name of Person)

CABAN SYSTEMS INC.
(Firm/Company)

4001 SANTA BARBARA BLVD. #329
(Address)

NAPLES, FL. 34104
(City/State and Zip code)

For further information concerning this matter, please call:

ARON CABAN at (239) 530 4514
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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TALLAHASSEE, FL

1. CABAN SYSTEMS INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. TEXAS 3. 72-1526420
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/18/2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 9390 MARINO CIRCLE #301, NAPLES, FL, 34114
(Principal office address)

4001 SANTA BARBARA BLVD. #329 NAPLES, FL 34104
(Current mailing address)

8. TRANSACTION OF ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER THE TEXAS BUSINESS CORPORATION ACT
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: ARON CABAN

Office Address: 9390 MARINO CIRCLE #301

NAPLES, Florida 34114
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

APC PRESIDENT CABAN SYSTEMS INC.
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: ARON CABAN

Address: 4001 SANTA BARBARA BLVD #329
NAPLES FL 34104

Vice Chairman: ARON CABAN

Address: 4001 SANTA BARBARA BLVD #329
NAPLES FL 34104

Director: ARON CABAN

Address: 4001 SANTA BARBARA BLVD #329
NAPLES FL 34104

Director: ARON CABAN

Address: 4001 SANTA BARBARA BLVD #329
NAPLES FL 34104

B. OFFICERS

President: ARON CABAN

Address: 4001 SANTA BARBARA BLVD #329
NAPLES, FL, 34104

Vice President: ARON CABAN

Address: 4001 SANTA BARBARA BLVD #329
NAPLES FL 34104


Secretary: ARON CABAN

Address: 4001 SANTA BARBARA BLVD #329, NAPLES, FL, 34104

Treasurer: ARON CABAN

Address: 4001 SANTA BARBARA BLVD #329 NAPLES, FL, 34104

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PRESIDENT CABAN SYSTEMS INC.
(Typed or printed name and capacity of person signing application)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Gwyn Shea
Secretary of State

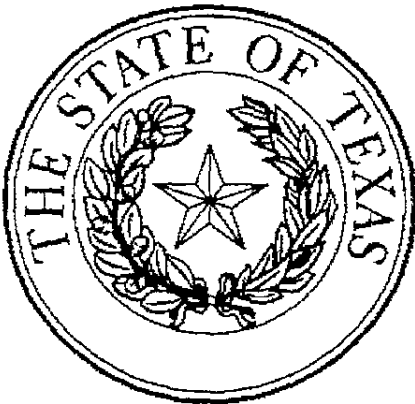
Office of the Secretary of State

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The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for CABAN SYSTEMS, INC. (filing number: 800066984), a Domestic Business Corporation, was filed in this office on March 18, 2002.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 12, 2002.



A handwritten signature in cursive script that reads "Gwyn Shea".

Gwyn Shea
Secretary of State

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Gwyn Shea
Secretary of State

Office of the Secretary of State

Packing Slip

November 12, 2002

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Caban Systems Inc.
4001 Santa Barbara Blvd.
Ste. 329
Naples, FL 34104

Batch Number: 1955637

Batch Date: 11-12-2002

Client ID: 44322752

Return Method: Mail

Document Number	Document Detail	Filing Number / Name	Page Count	Fee
19556370002	Status	CABAN SYSTEMS, INC.	1	\$10.00
Total Document Fees				\$10.00

Payment Type	Payment Status	Payment Reference	Amount
Credit Card	Received	*****8665	\$10.00
Total Payments Received			\$10.00
Total Amount Charged to Client Account			\$0.00
Total Amount Credited to Client Account			\$0.00

Note: Any amount due need not be paid until the monthly statement is received.
Any amount credited to Client Account may be refunded upon request.
Refunds (if applicable) will be processed within 10 business days.
Acknowledgement of Filing Document(s) (if present) is attached.

There is a 2.1% processing charge on credit card payments. This additional amount will be computed and shown on your credit card statement when the credit card transaction is settled.

User ID: DEITT

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