

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M54263

FILED
May 06, 2009
Secretary of State

Entity Name: CABRERA RAMOS ARCHITECTS, INC.

Current Principal Place of Business:

9851 NW 58 STREET
107
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9851 NW 58 STREET
107
DORAL, FL 33178 US

New Mailing Address:

FEI Number: 65-0043710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABRERA, MIGUEL A V PRES
9851 NW 58 STREET
SUITE 107
DORAL, FL 33178 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RAMOS-BOTTA, ROSA
Address: 1920 SW 86 AVE
City-St-Zip: MIAMI, FL 33155 US

Title: DV () Delete
Name: CABRERA, MIGUEL A., JR.
Address: 1920 SW 86 AVE
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROSA RAMOS BOTTA

DP

05/06/2009

Electronic Signature of Signing Officer or Director

_____ Date