2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112060

Entity Name: CABRAL WORKS, INC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
Current	illicipai riace	n Busiliess.	New Fillicipal Flace	of Busiliess.	
1260 BELL	LE AVE.				
#211	PDDINGS EL 2	2700			
VVIINTERS	SPRINGS, FL 3	2708			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1260 BELL	LE AVE.				
#211					
WINTER S	SPRINGS, FL 3	2708			
FEI Number	: 51-0486382	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CABRAL, 927 ARDIL WINTER S		2708 US			
	e named entity so e of Florida.	ubmits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RF.				
0.0.0.		Signature of Registered Age	ent	 Date	
			OHE	Buto	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	PRES ()I	Delete	Title:	() Change () Addition	
Name:	CABRAL, DAVID		Name:		
Address:	1260 BELLE AVE		Address:		
City-St-Zip:	WINTER SPRING	3S, FL 32708	City-St-Zip:		
Title:	TREA ()I	Delete	Title:	() Change () Addition	
Name:	CABRAL, LEAH		Name:	()	
Address:	,	ENUE, SUITE 211	Address:		
City-St-Zip:	WINTER SPRING	SS, FL 32708 US	City-St-Zip:		
Title:	SEC ()I	Delete	Title:	() Change () Addition	
Name:	CABRAL, STACY		Name:	() Shango () / Manuon	
Address:	,	ENUE, SUITE 211	Address:		
City-St-Zip:	WINTER SPRING		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: DAVID CABRAL PRES 04/15/2009