

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000063145	
1. Entity Name CAABEIRO & SON, INC.	



FILED

08 MAR 10 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 15409 SW 138TH PL MIAMI, FL 33177	Mailing Address 15409 SW 138TH PL MIAMI, FL 33177
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03072008 Chg-P CR2E034 (12/06)

4. FEI Number 56-2450252	Applied For <input type="checkbox"/> 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 CAABEIRO, LUIS A 15409 SW 138TH PL MIAMI, FL 33177		7. Name and Address of New Registered Agent Name Giselle Cancio Street Address (P.O. Box Number is Not Acceptable) 15409 SW 138 PL City Miami FL Zip Code 33177	
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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]* **3/7/08**
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CAABEIRO, LUIS A STREET ADDRESS 15409 SW 138TH PL CITY-ST-ZIP MIAMI, FL 33177	<input checked="" type="checkbox"/> Delete	TITLE P NAME NANCY VALDES STREET ADDRESS 15409 SW 138 PL CITY-ST-ZIP MIAMI FL 33177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME ZALDIVAR, CARLOS STREET ADDRESS 15409 SW 138TH PL CITY-ST-ZIP MIAMI, FL 33177	<input type="checkbox"/> Delete	TITLE VP NAME Giselle CANCIO STREET ADDRESS 15409 SW 138 PL CITY-ST-ZIP MIAMI FL 33177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]* **3/7/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS