

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000023639

**Entity Name:** CAELCA CORP

**Current Principal Place of Business:**

7666 NW 103 PL  
DORAL , FL 33178

**FILED**  
**Apr 03, 2023**  
**Secretary of State**  
**7943222385CC**

**Current Mailing Address:**

7666 NW 103 PL  
DORAL , FL 33178 US

**FEI Number: 33-1220293**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

OROPEZA ALVAREZ, ELBA C  
7666 NW 103 PL  
DORAL , FL 33178 US

*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

**Officer/Director Detail :**

Title P  
Name OROPEZA, HUMBERTO  
Address 7666 NW 103 PL  
City-State-Zip: DORAL FL 33178

Title VS  
Name DE OROPEZA, CARMENCRISTINA A  
Address 7666 NW 103 PL  
City-State-Zip: DORAL FL 33178

Title D  
Name OROPEZA ALVAREZ, CARLOS M  
Address 7666 NW 103 PL  
City-State-Zip: DORAL FL 33178

Title D  
Name OROPEZA ALVAREZ, MARIA C  
Address 7666 NW 103 PL  
City-State-Zip: DORAL FL 33178

Title D  
Name OROPEZA ALVAREZ, ELBA C  
Address 7666 NW 103 PL  
City-State-Zip: DORAL FL 33178

*I hereby 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 all other like empowered.*

**SIGNATURE: HUMBERTO OROPEZA**

**P**

**04/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date