

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000023639

Entity Name: CAELCA CORP**Current Principal Place of Business:**55 MERRICK WAY
UNIT 650
CORAL GABLES, FL 33134**Current Mailing Address:**55 MERRICK WAY
UNIT 650
CORAL GABLES, FL 33134 US**FEI Number:** 33-1220293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OROPEZA ALVAREZ, ELBA C
55 MERRICK WAY
UNIT 650
CORAL GABLES, FL 33134 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	55 MERRICK WAY UNIT 650
City-State-Zip:	CORAL GABLES FL 33134
Title	D
Name	OROPEZA ALVAREZ, CARLOS M
Address	55 MERRICK WAY UNIT 650
City-State-Zip:	CORAL GABLES FL 33134
Title	D
Name	OROPEZA ALVAREZ, ELBA C
Address	55 MERRICK WAY UNIT 650
City-State-Zip:	CORAL GABLES FL 33134

Title	VS
Name	DE OROPEZA, CARMENCRISTINA A
Address	55 MERRICK WAY UNIT 650
City-State-Zip:	CORAL GABLES FL 33134
Title	D
Name	OROPEZA ALVAREZ, MARIA C
Address	55 MERRICK WAY UNIT 650
City-State-Zip:	CORAL GABLES FL 33134

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: OROPEZA , HUMBERTO

P

04/29/2019

Electronic Signature of Signing Officer/Director Detail_____
Date