

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # N99000004893

1. Entity Name
**CABALLERIA MAMBISA GENERAL FRANCISCO VICENTE
AGUILERA, INC.**



Principal Place of Business
**15520 S.W. 209TH AVENUE
MIAMI, FL 33187**

Mailing Address
**3437 NW 15TH ST
MIAMI, FL 33125**



07032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AGUILERA, WENCESLAO
15520 S.W. 209TH AVENUE
MIAMI, FL 33187**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AGUILERA, WENCESLAO
15520 S.W. 209TH AVENUE
MIAMI, FL 33187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
AGUILERA, CARLOMILTON
15621 S.W. 209TH AVENUE
MIAMI, FL 33187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
REVUELTA AGUILERA, GUILLERMO A
3437 N.W. 15TH STREET
MIAMI, FL 33125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

110000037793R
09/09/05-80001-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/6/2005 286387-1702