

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

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



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

Mailing Address
**15520 SW 209 AVE
MIAMI, FL 33187**



02292008 No Chg-NP

CR2E037 (4/06)

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AGUILERA, WENCESLAO
STREET ADDRESS	15520 S.W. 209TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	SD
NAME	AGUILERA, CARLOMILTON
STREET ADDRESS	15621 S.W. 209TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	TD
NAME	REVUELTA AGUILERA, GUILLERMO A
STREET ADDRESS	3437 N.W. 15TH STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

2/29/08 305 8874105
Date Daytime Phone #