


2005

**FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000110161		
1. Entity Name CABRERA MARTINEZ EXPORT INC.		
Principal Place of Business 14555 SW 139TH CT. MIAMI, FL 33186	Mailing Address ACCOUNTING PRACTICE CORP 7575 W FLAGLER ST #200 MIAMI, FL 33144	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CABRERA, ADALGISA J 14555 SW 139TH CT. MIAMI, FL 33186		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, ADALGISA J 14555 SW 139TH CT. MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CABRERA, ISIDRO A 14555 SW 139TH CT. MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CABRERA, DAVID 14555 SW 139TH CT. MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: <u><i>Adalgisa J. Cabrera</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/29/05</u> Daytime Phone # _____



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1058141

Applied For

Not Applicable

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