


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90016 028 \*\*\*150.00

<b>DOCUMENT # P00000110161</b> 1. Entity Name <b>CABRERA MARTINEZ EXPORT INC.</b>	
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Principal Place of Business <b>14555 SW 139TH CT. MIAMI, FL 33186</b>	Mailing Address <b>ACCOUNTING PRACTICE CORP 7575 W FLAGLER ST #200 MIAMI, FL 33144</b>
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40042623



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>61 GRAND CANAL DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>201</b>
City & State	City & State <b>MIAMI FL</b>
Zip	Country <b>33144 USA</b>

03212007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1058141</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CABRERA, ADALGISA J 14555 SW 139TH CT. MIAMI, FL 33186</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CABRERA, ADALGISA J 14555 SW 139TH CT. MIAMI, FL 33186</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CABRERA, ISIDRO A 14555 SW 139TH CT. MIAMI, FL 33186</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CABRERA, DAVID 14555 SW 139TH CT. MIAMI, FL 33186</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:** *Adalgisa J. Cabrer* **ADALGISA CABRERA**  
DIRECTOR  
3/23/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #