

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90052 038 \*\*\*150.00

<b>DOCUMENT # P01000032604</b> 1. Entity Name <b>CAC INGENIERIA CORP.</b>			
Principal Place of Business <b>2121 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134</b>		Mailing Address <b>2121 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1000 ISLAND BLVD #1605</b>	
City & State <b>AVENTURA, FL</b>		4. FEI Number <b>65-1159860</b>	
Zip <b>33160</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PORTUONDO, FERNANDO J ESQ. 2121 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CALDERON, CARLOS</b> <b>3211 PONCE DE LEON BLVD. SUITE 201</b> <b>CORAL GABLES, FL 33134</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>P</b> <b>LONDANO, MARIA</b> <b>2121 PONCE DE LEON BLVD, SUITE 600</b> <b>CORAL GABLES, FL 33134</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	<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.			
<b>SIGNATURE:</b> <u>Maria Londano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>03-09-06</u> <u>354-8549034</u> <small>Date Daytime Phone #</small>	