

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90012 004 \*\*\*158.75

DOCUMENT # P01000061716

1. Entity Name

CASA CABALLERO APARTMENT, INC.



Principal Place of Business  
9723 N ARMENIA AVE.  
TAMPA FL 33612

Mailing Address  
9723 N ARMENIA AVE.  
TAMPA FL 33612



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-3730903

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABALLERO, JUSTINO  
9723 N ARMENIA AVE.  
TAMPA FL 33612

Name Teresa Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

10307 Reclinata Ln.

City Tampa

FL

Zip Code 33618

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 Teresa Rodriguez Teresa Rodriguez  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

1-23-07  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVD	<input checked="" type="checkbox"/> Delete
NAME	CABALLERO, JUSTINO	
STREET ADDRESS	9723 N ARMENIA AVE.	
CITY ST ZIP	TAMPA FL 33612	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CABALLERO, ELIDA	
STREET ADDRESS	9723 N ARMENIA AVE.	
CITY ST ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABALLERO, JESUS O.	
STREET ADDRESS	9729 N, Armenia Ave.	
CITY ST ZIP	Tampa, FL. 33612	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, TERESA	
STREET ADDRESS	10307 RECLINATA LN.	
CITY ST ZIP	TAMPA, FL. 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Teresa Rodriguez Teresa Rodriguez 1-23-07 813-362-1320  
(Signature, typed or printed name of signing officer or director) Date Telephone