

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90075 018 ***150.00

DOCUMENT # P04000065978

1. Entity Name
F.A. CABRERA DEVELOPMENT, INC.



Principal Place of Business
**1680 BARBADOS RD
W PALM BCH, FL 33406**

Mailing Address
**1680 BARBADOS RD
W PALM BCH, FL 33406**

2. Principal Place of Business
348 DAVIS RD
Suite, Apt. #, etc.

3. Mailing Address
348 DAVIS RD
Suite, Apt. #, etc.

City & State
PALM SPRINGS, FL.

City & State
PALM SPRINGS, FL.

04062006 Chg-P CR2E034 (11/05)

Zip
33461 Country
USA

Zip
33461 Country
USA

4. FEI Number
55-0868230 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOBIN & REYES, P.A.
7251 W PALMETTO PK RD STE 205
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **CABRERA, FRANCISCO A**
STREET ADDRESS **1680 BARBADOS RD**
CITY-ST-ZIP **W PALM BCH, FL 33406**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT D** ☒ Change ☐ Addition
NAME **CABRERA, HECTOR R.**
STREET ADDRESS **348 DAVIS RD**
CITY-ST-ZIP **PALM SPRINGS, FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06 (561) 856-6027
Date Daytime Phone #