## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

## Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P04000139742 04-25-2007 90174 041 \*\*\*150.00 1. Entity Name CACÉRES FENCING, INC. 40000010 Principal Place of Business Mailing Address 7175 SW 43RD ST. 7175 SW 43RD ST. MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business - No P.O. Box # 1 9527 SW 37 ST 3. Mailing Address 95275W 04232007 Chg-P CR2E034 (12/06) Applied For City & State 4. EEI Number 06-1744163 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BETANCOURT, MARIO Street Address (P.O. Box Number is Not Acceptable) 7175 SW 43RD ST. MIAMI, FL 33155 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PVST TITLE ☐ Delete TITLE Change Addition BETANCOURT, MARIO NAME NAME STREET ADDRESS 7175 SW 43RD ST. STREET ADDRESS CLTY - ST - ZIP MIAMI, FL 33155 CITY-ST-ZIP 💢 Change ☐ Delete TITLE Addition TITLE 9527 SW 37 St BETANCOURT, MARIO NAME 7175 SW 43RD ST. STREET ADDRESS STREET ADDRESS Manci, FL 33/65 MIAMI, FL 33155 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT1 F Change Addition NAME NAME STREET ADORESS SURFET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TATLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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