


### FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use  
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**DOCUMENT #** P05000100867

1. Entity Name  
**Alfredo E Cabral, P.A.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #  
**250 NE 25th Street**

3. Mailing Address  
**Same**

State, Apt. #, etc. **1709** Auto, Apt. #, etc.

City & State **Miami Florida** City & State

Zip **33137** Country **USA** Zip Country

15 MAY -8 AM 9:10

TALLAHASSEE, FLORIDA

100272741991

05/08/15--01007--028 \*\*150.00

CR28034B (1/11)

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4. FEI Number **20-3289199** Applied For Not Applicable

5. Certificate of Status Desired  \$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Alfredo Cabral**

Street Address (P.O. Box Number if Not Applicable)  
**250 NE 25th St. STE 1709**

City **Miami** FL Zip Code **33137**

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 *Alfredo Cabral* Date **4/30/15**

9. January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended APR is \$81.25.  
Make Check Payable to Florida Department of State

10. Election Campaign Financing  \$5.00 May Be Added to Fees

11. E-mail Address: **AC.CPA@live.com**  
E-mail address to be used for future annual report notices.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>Alfredo Cabral</b>
NAME	<b>Alfredo Cabral</b>
STREET ADDRESS	<b>250 NE 25th Street #1709</b>
CITY-ST-ZIP	<b>Miami, FL 33137</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information disclosed 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 Book 10 or on an attachment with an address, with all other due acknowledgments; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: *Alfredo Cabral* Date **4/30/15** **305-926-5724**

SIGNATURE AND PRINTED NAME OF AGING OFFICER OR DIRECTOR