FILED
Jun 05, 2008 8:00 am
Secretary of State
05-16-2008 90022 027 ***150.00

5/1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000110048

1. Entity Name
CABAIGUAN SERVICE, INC.

66013431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2210 S.W. 17th ST	2210 S.W. 17th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI,FLORIDA
Zip: 33145 Country: USA	Zip: 33145 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 26-0125596 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: HUGO FLORIDO,PA

Street Address (P.O. Box Number is Not Acceptable):
7950 NW 155th ST
SUITE # 203

City: MIAMI LAKES FL Zip Code: 33016

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: _____ DATE

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LARA,OMNIER
STREET ADDRESS	2210 S.W. 17th ST.
CITY-ST-ZIP	MIAMI, FLORIDA 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E084B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 04/22/08 786-290-4729

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #