

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90088 004 ***150.00

DOCUMENT # P96000005033

1. Entity Name

CABRERA CAR CARE INC.



Principal Place of Business

2300-A KIRKWOOD AVE.
NAPLES FL 34112-4726

Mailing Address

2300-A KIRKWOOD AVE.
NAPLES FL 34112-4726

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

6345 Lee Ann Lane

Suite, Apt. #, etc.

City & State

City & State
Naples, FL

4. FEI Number
65-0636105

Applied For
Not Applicable

Zip Country

Zip Country
34109 USA

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

6. Name and Address of Current Registered Agent

CABRERA, ALBERTO
2300-A KIRKWOOD AVE
NAPLES FL 34112-4726

7. Name and Address of New Registered Agent

Name - ALBERTO CABRERA

Street Address (P.O. Box Number is Not Acceptable)
6345 Lee Ann Lane

City Naples FL Zip Code 34109

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 D ☐ Delete
NAME CABRERA, ALBERTO
STREET ADDRESS 2300-A KIRKWOOD AVE
CITY-ST-ZIP NAPLES FL 34112-4726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME ALBERTO CABRERA
STREET ADDRESS 6345 Lee Ann Lane
CITY-ST-ZIP Naples, FL 34109

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

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

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

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

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 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 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

3/3/05 239-754250

Off

Daytime Phone #