


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000036502

1. Entity Name
CABALLERO IRON WORK OF FLORIDA INC.



Principal Place of Business 7315 SW 45TH ST 4 MIAMI, FL 33155	Mailing Address 7315 SW 45TH ST 4 MIAMI, FL 33155
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02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0765973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CABALLERO, PEDRO J
3410 S.W. 87TH COURT
MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD CABALLERO, PEDRO J 3410 S.W. 87TH COURT MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CABALLERO, JOSE A 12928 S.W. 151 LANE MIAMI, FL 33188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CABALLERO, DELIA 3410 SW 87TH COURT MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/06-80069-010 150.00

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: *Pedro Caballero* **Pedro Caballero** 02/8/06 (305)266-9085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #