

2009

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000053488

1. Entity Name
CABRAL INSURANCE CORP.

Principal Place of Business

210 S FLAMINGO RD
PEMBROKE PINES, FL 33027

Mailing Address

3750 W FLAGLER ST
MIAMI, FL 33134

FILED

2009 FEB 27 A 9:02

SECRETARY OF STATE
TALLAHASSEE, FL 32399

03072008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0843967Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABRAL, JORGE
2348 SW 127 AVE
MIRAMAR, FL 33027DO 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

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, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CABRAL, JORGE
STREET ADDRESS	210 S. FLAMINGO RD.
CITY - ST - ZIP	PEMBROKE PINES, FL 33027

TITLE	STD
NAME	CABRAL, MARIA G
STREET ADDRESS	210 S. FLAMINGO RD.
CITY - ST - ZIP	PEMBROKE PINES, FL 33027

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	

200144615272
02/27/09--01031--005 **150.00DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/09 954-704-1717