

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000059113

**Entity Name:** EMILIO CABRERA P.A.

**Current Principal Place of Business:**

6294 SW 165 AVE  
MIAMI, FL 33193

**Current Mailing Address:**

P. O. BOX 562783  
PINECREST, FL 33256-2783

**FEI Number:** 65-1113022

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CABRERA, EMILIO  
6294 SW 165 AVE  
MIAMI, FL 33193 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CABRERA, EMILIO  
Address P. O. BOX 562783  
City-State-Zip: PINECREST FL 33256-2783

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EMILIO CABRERA

**PRES**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date