

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000112372

**Entity Name:** CADE SERVICES CORP.

**Current Principal Place of Business:**

825 BRICKELL BAY DR  
SUITE 1846  
MIAMI, FL 33131

**Current Mailing Address:**

825 BRICKELL BAY DR  
SUITE 1846  
MIAMI, FL 33131 US

**FEI Number:** 26-1338367

**Certificate of Status Desired:** No

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

SOMERSET CORPORATE SERVICES, INC.  
TWO DATRAN CENTER  
9130 S. DADELAND BLVD. SUITE 1504  
MIAMI, FL 33156 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            PRESIDENT  
Name            MARQUEZ, SIXTO  
Address        825 BRICKELL BAY DR  
                  SUITE 1846  
City-State-Zip: MIAMI FL 33131

Title            D  
Name            MARQUEZ, JOHN F  
Address        201 ALHAMBRA CIRCLE, SUITE 711  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            AGUILAR, CARLOS  
Address        TWO DATRAN CENTER  
                  9130 S. DADELAND BLVD. SUITE 1504  
City-State-Zip: MIAMI FL 33156

*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:** SIXTO MARQUEZ

**PRESIDENT**

**04/24/2024**

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

\_\_\_\_\_  
Date