

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000053930

**Entity Name:** C.A. MANAGEMENT INC.

**Current Principal Place of Business:**

6635 NW 174 LANE  
MIAMI, FL 33015

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC6960858622**

**Current Mailing Address:**

6635 NW 174 LANE  
MIAMI, FL 33015 US

**FEI Number: 90-0859442**

**Certificate of Status Desired: Yes**

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

ANGELINI, ROBERT C  
6635 NW 174 LANE  
MIAMI, FL 33015 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           VP  
Name           DUF AU, MARCELA A  
Address        6635 NW 174 LANE  
City-State-Zip: MIAMI FL 33015

Title           P  
Name           ANGELINI, ROBERTO C  
Address        6635 NW 174 LANE  
City-State-Zip: MIAMI FL 33015

*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: MARCELA A DUF AU**

**VP**

**01/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date