

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000091570

**Entity Name:** CABROLIVE CORP

**Current Principal Place of Business:**

2697 CHATHAM CIRCLE  
KISSIMMEE, FL 34746

**Current Mailing Address:**

2697 CHATHAM CIRCLE  
KISSIMMEE, FL 34746 US

**FEI Number:** 61-1808235

**Certificate of Status Desired:** No

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

RAMOS FONTES CABRAL, ROGERIO  
2697 CHATHAM CIRCLE  
KISSIMMEE, FL 34746 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 P  
Name RAMOS FONTES CABRAL, ROGERIO  
Address 2697 CHATHAM CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title D  
Name RAMOS DE OLIVEIRA, CARLOS  
EDUARDO  
Address 2697 CHATHAM CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

*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:** ROGERIO RAMOS FONTES CABRAL

**PRESIDENT**

**04/30/2018**

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

\_\_\_\_\_  
Date