

Fill in this information to identify the case:

Debtor Controladora Dolphin, S.A. de C.V.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 25-10715

**Modified Official Form 410
Proof of Claim**

12/24

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Héctor Eduardo Cabrera Ventura</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>CONTROLADORA DOLPHIN</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? See summary page	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone <u>9982295803</u> Contact email <u>corazondecopal@gmail.com</u>	Contact phone _____ Contact email _____
Uniform claim identifier (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ 8990.00. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
FACTURA VENCIDA

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:</p>	<p>Amount entitled to priority</p>
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.</p>	<p>\$ _____ \$ _____ \$ _____ \$ _____ \$ _____</p>
<p>* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p>		
<p>13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.</p>	
<p>\$ _____</p>		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/06/2026
MM / DD / YYYY

/s/HECTOR EDUARDO CABRERA VENTURA
Signature

Print the name of the person who is completing and signing this claim:

Name HECTOR EDUARDO CABRERA VENTURA
First name Middle name Last name

Title _____

Company CORAZON DE COPAL
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1434 | International (310) 751-2633

Debtor: 25-10715 - Controladora Dolphin, S.A. de C.V. District: District of Delaware		
Creditor: Héctor Eduardo Cabrera Ventura REG 93 FRACC IXCHEL, MZA 26, CALLE 10, NO. 10 Benito Juárez, Quintana R, 77517 MÉXICO Phone: 9982295803 Phone 2: Fax: Email: corazondecopal@gmail.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor: CONTROLADORA DOLPHIN	Amends Claim: No Acquired Claim: No	
Basis of Claim: FACTURA VENCIDA	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 8990.00	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: HECTOR EDUARDO CABRERA VENTURA on 06-Jan-2026 1:07:29 p.m. Pacific Time Title: Company: CORAZON DE COPAL		

RFC emisor: CAVH930919SH3
Nombre emisor: HECTOR EDUARDO CABRERA VENTURA
RFC receptor: CDO070410V77
Nombre receptor: CONTROLADORA DOLPHIN
Código postal del receptor: 77504
Régimen fiscal receptor: General de Ley Personas Morales
Uso CFDI: Adquisición de mercancías.

Folio fiscal: AAA1C755-3308-4DC5-A6C0-F920B05B4833
No. de serie del CSD: 00001000000705250068
Código postal, fecha y hora de emisión: 77517 2025-04-03 21:22:35
Efecto de comprobante: Ingreso
Régimen fiscal: Incorporación Fiscal
Exportación: No aplica

Conceptos

Clave del producto y/o servicio	No. identificación	Cantidad	Clave de unidad	Unidad	Valor unitario	Importe	Descuento	Objeto impuesto		
44111516		3.00	H87	Pieza	250.00	750.00		Si objeto de impuesto.		
Descripción	LIBRETA DELFIN CC/CONSIGNA				Impuesto	Tipo	Base	Tipo Factor	Tasa o Cuota	Importe
					IVA	Traslado	750.00	Tasa	16.00%	120.00
Número de pedimento		Número de cuenta predial								
44111516		4.00	H87	Pieza	250.00	1,000.00		Si objeto de impuesto.		
Descripción	LIBRETA GIRASOL CC/CONSIGNA				Impuesto	Tipo	Base	Tipo Factor	Tasa o Cuota	Importe
					IVA	Traslado	1,000.00	Tasa	16.00%	160.00
Número de pedimento		Número de cuenta predial								
44111516		1.00	H87	Pieza	350.00	350.00		Si objeto de impuesto.		
Descripción	LIBRETA DELFINES BROCHE CC/CONSIGNA				Impuesto	Tipo	Base	Tipo Factor	Tasa o Cuota	Importe
					IVA	Traslado	350.00	Tasa	16.00%	56.00
Número de pedimento		Número de cuenta predial								
44111516		1.00	H87	Pieza	250.00	250.00		Si objeto de impuesto.		
Descripción	LIBRETA COLIBRI CC/CONSIGNA				Impuesto	Tipo	Base	Tipo Factor	Tasa o Cuota	Importe
					IVA	Traslado	250.00	Tasa	16.00%	40.00
Número de pedimento		Número de cuenta predial								
44111516		1.00	H87	Pieza	250.00	250.00		Si objeto de impuesto.		
Descripción	LIBRETA CARACOL CC/CONSIGNA				Impuesto	Tipo	Base	Tipo Factor	Tasa o Cuota	Importe
					IVA	Traslado	250.00	Tasa	16.00%	40.00
Número de pedimento		Número de cuenta predial								
44111516		3.00	H87	Pieza	350.00	1,050.00		Si objeto de impuesto.		
Descripción	LIBRETA DELFIN BROCHE CC/CONSIGNA				Impuesto	Tipo	Base	Tipo Factor	Tasa o Cuota	Importe
					IVA	Traslado	1,050.00	Tasa	16.00%	168.00
Número de pedimento		Número de cuenta predial								
44111516		1.00	H87	Pieza	250.00	250.00		Si objeto de impuesto.		
Descripción	LIBRETA TORTUGA CC/CONSIGNA				Impuesto	Tipo	Base	Tipo Factor	Tasa o Cuota	Importe
					IVA	Traslado	250.00	Tasa	16.00%	40.00
Número de pedimento		Número de cuenta predial								
44111516		7.00	H87	Pieza	350.00	2,450.00		Si objeto de impuesto.		
Descripción	LIBRETA BROCHE MANATI CON CRIA CC/CONSIGNA				Impuesto	Tipo	Base	Tipo Factor	Tasa o Cuota	Importe
					IVA	Traslado	2,450.00	Tasa	16.00%	392.00
Número de pedimento		Número de cuenta predial								
44111516		2.00	H87	Pieza	350.00	700.00		Si objeto de impuesto.		
Descripción	LIBRETA BROCHE MANATI CC/CONSIGNA				Impuesto	Tipo	Base	Tipo Factor	Tasa o Cuota	Importe
					IVA	Traslado	700.00	Tasa	16.00%	112.00
Número de pedimento		Número de cuenta predial								
44111516		2.00	H87	Pieza	350.00	700.00		Si objeto de impuesto.		
Descripción	LIBRETA BROCHE LOBO MARINO CC/CONSIGNA				Impuesto	Tipo	Base	Tipo Factor	Tasa o Cuota	Importe
					IVA	Traslado	700.00	Tasa	16.00%	112.00
Número de pedimento		Número de cuenta predial								

RFC emisor: CAVH930919SH3 Folio fiscal: AAA1C755-3308-4DC5-A6C0-F920B05B4833

Moneda:	Peso Mexicano	Subtotal		\$ 7,750.00
Forma de pago:	Por definir	Impuestos trasladados	IVA 16.00%	\$ 1,240.00
Método de pago:	Pago en parcialidades o diferido	Total		\$ 8,990.00

Sello digital del CFDI:

abmFls3NBkrc64zrjLIhtLiuUfGsPyR+ZEiqYV9S6G+FyswG4KvRO/gKYOwn35FN7Xhfq/GJ2kQ9e/tAUqaLhxHdS7ISR0M/YP35vSpG0nW4nfxtJUrvncudM9b01v0iEJz71oHyZdEIP14eeRZ9Qr1am1xNCZ5e+naC/tio5mkRgBb1arflicrjknJNNnZBxzELrZsyD/L0GAjKxvSPNqyVUIldDVyPB7MriOfy7gxCXrBHWdP/jzCr66KlzNV6WWMoLL/mldpu/j3jk1T92B0DSGx+zEPEvDTaP2liHeZ7SKFk7QFunORC7ve+UpE5LFRexTZziuDK0S9IiwBhIA==

Sello digital del SAT:

LxPBvzm+zr0eWG7/Jyzj+8PiSO6hAUHkqLm3MjS3bWVCThf848v7LhTVuw2w8/VBANowbRS++6ip1aQNAbkUw8xlykY6wbKTVp7CICtE0X3a6u7o8unQUr2qgXuTkp9Le5Oe4Q6MnzCuzgbmFTIhL5vs1PxxwBVNoLAQ9uPjzUHmncalkfk5sCU4otalT1XUBxqBX732qbG0v9qddypcNp0l1bXkxVTwUdMqsPKJLGNEGby7zVjBUzV5ScExbwizJeuQkRfIB0VhJWWE+TBDHQP8SXnvYL3e8lvQnnluXWd1I7e3KnX2qf154QIEiR+xF12lJs3flXB0Uw3W6om0ZQ==

Cadena Original del complemento de certificación digital del SAT:

||1.1|AAA1C755-3308-4DC5-A6C0-F920B05B4833|2025-04-03T21:22:36|SAT970701NN3|abmFls3NBkrc64zrjLIhtLiuUfGsPyR+ZEiqYV9S6G+FyswG4KvRO/gKYOwn35FN7Xhfq/GJ2kQ9e/tAUqaLhxHdS7ISR0M/YP35vSpG0nW4nfxtJUrvncudM9b01v0iEJz71oHyZdEIP14eeRZ9Qr1am1xNCZ5e+naC/tio5mkRgBb1arflicrjknJNNnZBxzELrZsyD/L0GAjKxvSPNqyVUIldDVyPB7MriOfy7gxCXrBHWdP/jzCr66KlzNV6WWMoLL/mldpu/j3jk1T92B0DSGx+zEPEvDTaP2liHeZ7SKFk7QFunORC7ve+UpE5LFRexTZziuDK0S9IiwBhIA==|00001000000705250068||

RFC del proveedor de certificación: SAT970701NN3 **Fecha y hora de certificación:** 2025-04-03 21:22:36

No. de serie del certificado SAT 00001000000705250068

