


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 03, 2008 08:00 A  
Secretary of State**

**DOCUMENT # P02000083897**  
1. Entity Name  
**VARADERO CAR CENTER ENTERPRISES, CORP.**



Principal Place of Business <b>12905 W. OKEECHOBEE RD H7 HIALEAH GARDENS, FL 33018</b>	Mailing Address <b>12905 W. OKEECHOBEE RD H7 HIALEAH GARDENS, FL 33018</b>
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**DO NOT WRITE IN THIS SPACE**



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>82-0555891</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**RAMINEZ, JACKELINE  
10490 NW 133 ST  
HIALEAH GARDENS, FL 33018**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (N/A); Registered Agent signature required with company.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, JACKELIN 10490 NW 133 ST HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PORTIELIS, RUBEN 10490 NW 133 ST HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMINEZ, JACKELINE 12905 W OKEECHOBEE RD #7 HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTIELES, RUBEN 12905 W OKEECHOBEE RD #7 HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/08-80001-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Exemption Program # \_\_\_\_\_