

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90076 030 \*\*\*150.00

DOCUMENT # L22849

1. Entity Name

291 CORPORATION



Principal Place of Business

18392 SW 136 AVE  
MIAMI FL 33184

Mailing Address

1506 SW 143 CT  
MIAMI FL 33184

2. Principal Place of Business - No P.O. Box #

18397 SW 136 Ave

Suite, Apt. #, etc.

3. Mailing Address

18397 SW 136 Ave

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/06)

City & State

Miami FLA

City & State

Miami FLA

4. FEI Number

65-0152502

Applied For

Not Applicable

Zip

33177

Country

USA

Zip

33177

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ANA L  
18397 SW 136 AVE  
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME CHIRINO, JUAN J.  
STREET ADDRESS 4797 W 10 AVE  
CITY- ST- ZIP HIALEAH FL 33012

TITLE S ☐ Delete  
NAME SILVA, ALBERTO  
STREET ADDRESS 1506 SW 143RD CT  
CITY- ST- ZIP MIAMI FL

TITLE T ☐ Delete  
NAME HERNANDEZ, ANA  
STREET ADDRESS 18392 SW 136 AVE  
CITY- ST- ZIP MIAMI FL 33184

TITLE VP ☐ Delete  
NAME LUIS F. CHIRINO  
STREET ADDRESS 7851 NW 160 TERR  
CITY- ST- ZIP MIAMI LAKE FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

ANA L. HERNANDEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-07 (305) 251-2410