موديكا يحتم

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State 02-08-2008 90037 024 ***150.00

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1. Entity Nam	NTER CORP.				,	02-06-200	30 30037	021 1	50.00		
Principal Place		Mailing Address				40021103					
MIAMI, FL 3	2 AVE UNIT 31 3175	2070 SW 122 AVE ON MIAMI, FL 33175	2070 SW 122 AVE UNIT 31 MIAMI, FL 33175								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Chg-P	CR2E03	34 (12/06)			
City & State	e	City & State	City & State			oer 70712		. No	plied For t Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New R	tegistered A	gent			
FERNAND	PEZ, ROBERTO			Name			_				
2070 SW 1	122 AVE UNIT 31 33175	Street Address (P.O. Box Number is Not Acceptable)									
				City			FL	Zip Code	,		
	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	ls register	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. I am f	amiliar with, a	and accept		
SIGNATURE	Signature, typed or printed name of registered agen	t and title it applicable (NC)TE: Registere	d Agent signature required	d when reinstating)		DATE				
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				ncing \$5	.00 May Be ded to Fees	•					
10.	OFFICERS AND	DIRECTORS	11.	****	ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11		
TITLE	PSD	☐ Delete	☐ Delete TITL					☐ Change	Addition		
NAME	FERNANDEZ, ROBERTO	NAN									
STREET ADDRESS 2070 SW 122 AVE UNIT 31 CITY-ST-ZIP				ET ADDRESS -ST-ZIP					,		
	INIMINI, PL 33173	[7] n-:	_			<u>,—,—,</u>		☐ Change	Addition		
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CITY-ST-ZIP			CITY	- ST-ZIP							
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NAME			NAM						1		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP							
		[7] N-1-1-						Change	Addition		
TITLE NAME		Delete	TITL					C) Change	Audinan		
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CITY - ST - ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITL	E				☐ Change	Addition		
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CITY-ST-ZIP				-ST-ZIP							
TITLE NAME		☐ Delete	TITE	!				☐ Change	☐ Addition ↓		
STREET ADDRESS				ET ADORESS							
CITY-ST-ZIP				-ST-ZIP							

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 receivor or truster in powered 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 addition, with all other like empowered.

SIGN	TAI	ш	RI	E	•
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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