

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **P05.000052912**

1. Entity Name

**13720 NW 27 AVENUE HOLDINGS, INC.**



Principal Place of Business

**13720 NW 27 AVENUE  
MIAMI, FL 33054**

Mailing Address

**5391 W 20 AVE  
SUITE B  
HIALEAH, FL 33012 US**

FILED

08 JUL 21 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05)

4. FEI Number

**20-4318659**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER SARDINAS  
5391 W 20 AVE #B  
HIALEAH, FL 33012  
U.S.**

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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

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

**50133398875  
07/24/08--01032--019 \*\*150.00**

10. OFFICERS AND DIRECTORS

**PD. ALEXANDER SARDINAS  
13720 NW 27 AVE  
MIAMI FL 33054 US**

**7/7/22**

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IN THIS SPACE

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:

**Alexander Sardinas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-5-08 205-819-5984**