

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 388345

1. Entity Name
CESPEDES AND ASSOCIATES, INC.



Principal Place of Business
**717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES, FL 33134**

Mailing Address
**717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES, FL 33134**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1378179

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FABRE, FRANK R.S.
717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES, FL 33134**

**DO NOT WRITE
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
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 P/D
NAME CESPEDES, ERNESTO
STREET ADDRESS 717 PONCE DE LEON BLVD., SUITE 234
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE S
NAME CESPEDES, GLADYS
STREET ADDRESS 717 PONCE DE LEON BLVD., SUITE 234
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VP
NAME BOLOOKI, HAMID
STREET ADDRESS 351 NW LE JEUNED RD #600
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000929991
05/21/08-80092-004 150.00

**DO NOT WRITE
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 full other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNESTO CESPEDES

Date **4/25/08** Daytime Phone # **(305) 613-5040**