## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 25, 2008 8:00 am Secretary of State **DOCUMENT # 491911** 1. Entity Name 03-25-2008 90010 035 \*\*\*158.75 DOBAO AND SONS, INC. Principal Place of Business Mailing Address 5301 N.W. 72 AVENUE MIAMI FL 33166 5301 N.W. 72 AVENUE MIAMI FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-1674604 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOBAO, DIGNA E Street Address (P.O. Box Number is Not Acceptable) 1510 SÓUTHWEST 14TH STREET MIAMI FL 33145 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corn, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed panel of registered spent and site if applicable. (NOTE: Registered Agent eignature required whon reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE Delete NAME DOBAO, DIGNA E NAME 1510 SW 14TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition DOBAO, GUILLERMO NAME NAME STREET ADDRESS 1455 SW 14TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIF TITLE THLE Change X Daiele ☐ Addition DOBAO, GERARDO NAME STREET ADDRESS 1510 SW 14TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 VS. TITLE Delete TITLE ☐ Change Addition DOBAO, DESIREE NAME NAME 1510 SW 14TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33145** CITY-ST-ZIP TITLE F ☐ Change De ele TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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 snall 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. DIGNA E. DOBAQ-SECRETARY 2/29/2008 #305-592-6157

Description of Process of Director Discorder Process

Disc SIGNATURE: