

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 OCT 14 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082008 Chg-P CR2E034 (12/06)

4. FEI Number **66-0237614** Applied For
~~59-2584679~~ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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

Amended AR is \$61.25

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, RAMON 510 MUNOZ RIVERIA AVENUE HATO REY, PR 00918	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS GONZALEZ, VIRGILIO 510 MUNOZ RIVERIA AVE. HATO REY, PR 00918	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE GARCIA, MARIA JULIA C 510 MUNOZ RIVERIA AVE. HATO REY, PR 00918	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS VAN RHYN, EDGARDO 510 MUNOZ RIVERIA AVENUE HATO REY, PR 00918	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BENITEZ, CARLOS M., JR. 510 MUNOZ RIVERIA AVE. HATO REY, PR 00918	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, JORGE E 238 PALERMO AVE. CORAL GABLES, FL 33134	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUZ, RAMON 510 MUNOZ RIVERIA AVENUE SAN JUAN, PR 00918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERA, LUIS F. 510 MUNOZ RIVERIA AVENUE SAN JUAN, PR 00918	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARGUEZ, JUAN J. 238 PALERMO AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN RHYN, EDGARDO 510 MUNOZ RIVERIA AVENUE SAN JUAN, PR 00918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000136943930 10/15/08--01018--010 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-09-08

305-446-0668

X2622