2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000003973



FILED Mar 19, 2007 8:00 am Secretary of State 03-19-2007 90091 006 ***150.00

SUPERMIXERS, C.A. CORPORATION							, n v n n v 1					
Principal Place 4207 30TH L BRADENTON,	ANE EASE		3816 W LIN	Mailing Address 3816 W LINEBAUGH AVE SUITE 114 TAMPA, FL 33618-8900			,0 % 0 0 % 1					
2. Principal Pla	ace of Busin	ess - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03162007	Chg-P	CR2E034	1 (12/06)			
City & State			City & State			4. FEI Number	Olig-r	ONZEU3-	· · · ·	plied For		
Zip	Country Zip				Country	20-5	211968	•	Not	Applicable		
εφ.					Odiniy	5. Certificate of		L È	e Required			
	6. Name	and Address of Current	Registered Ager	nt	Name DTT1		ddress of New R	egistered Ag	jent			
RYAN, KARINA B 4207 30TH LANE EASE					BILL W SEBREE Street Address (P.O. Box Number is Not Acceptable)							
BRADENTO	ON, FL 34	4208				<u>5 W LINEBAU</u> FE 114	JUH AVENU	<u>r</u>				
					City TAM			FL	79618	-8900		
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 BILL W SEBREE Sill W Druw 3/16/07											
SIGNATURE	SIGNATURE BILL W SEBREE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature reduced when reinstating) OATE											
		FEE IS \$150.00 / Fee will be \$550.	! _	tion Campaign I t Fund Contribu		5.00 May Be idded to Fees						
10.	_	OFFICERS AND			11.	ADDITIONS/C	HANGES TO OFF					
	C BRACHO	DIAZ, JOSE RAMON	L.	Delete i	NAME			ı	Change	Addition		
STREET ADDRESS CITY-ST-ZIP	PROLONGACION AV MICHELENA CC ATLAS LOCA BO1 VALENCIA EDO CARABORO,				STREET ADDRESS CITY-ST-ZIP							
TITLE	VCDP RYAN, KA	DINIA		Delete	TITLE NAME				Change	Addition		
NAME STREET ADDRESS		H LANE EASE			STREET ADDRESS							
CITY-ST-ZIP	BRADENT	FON, FL 34208		Delete	CITY-ST-ZIP				Change	Addition		
NAME				J Deliale	NAME STREET ADDRESS			'				
STREE1 ADDRESS CITY-ST-ZIP					CITY-ST-ZIP							
TITLE NAME				Delete	TITLE NAME				Change	Addition		
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS City-St-Zip							
TITLE] Delete	TITLE				☐ Change	Addition		
NAME STREET ADDRESS				·	NAME STREET ADDRESS							
CITY-ST-ZIP				1	CITY-ST-ZIP				Chouse	☐ Addition		
TITLE NAME			_	Delete	NAME			'	Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-Z#P							
indicated of the corp	on this report on the portion or the	e information supplied wi rt or supplemental report ne receiver or trustee em achment with an address	is true and accura cowered to execut	te and that my see this report as	signature shall have th	e same legal effect	as it made under i	oath; that I an	n an officer	or director		
SIGNATURE: KARINA RYAN SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Date (813) 494-6855 Dayline Phone #												