

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 036 ***150.00

DOCUMENT # F07000002843

1. Entity Name
HEAVENLY SPIRITS INC.



Principal Place of Business
**4560 SHERIDAN AVE.
MIAMI BCH, FL 33140**

Mailing Address
**4560 SHERIDAN AVE.
MIAMI BCH, FL 33140**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06222008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-3679979

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAZUMYAN, NAIRI
1330 OCEAN DR. 6A
MIAMI BCH, FL 33139**

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

Nairi Kazumyan

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**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KAZUMYAN, NAIRI**
STREET ADDRESS **1330 OCEAN DR. 6A**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **V** ☐ Delete
NAME **KAZUMYAN, ARSEN**
STREET ADDRESS **1330 OCEAN DR. 6A**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **T** ☐ Delete
NAME **OUZOUNIAN, MEQUERDITCH**
STREET ADDRESS **1330 Ocean Dr. 6A**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **S** ☐ Delete
NAME **CHUKHADZHYAN, ASHOT**
STREET ADDRESS **5900 COLLINS AVENUE 802**
CITY-ST-ZIP **MIAMI BEACH, FL 33140 US**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nairi Kazumyan

06/24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #