2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F59047

Address:

City-St-Zip:

9688 SW 24 STREET

MIAMI, FL 33165

Entity Name: CORRA ENTERPRISES INC.

FILED Apr 21, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
4040 E 4 <i>A</i> HIALEAH,	AVE FL 33013			
Current Mailing Address:			New Mailing Address:	
9688 SW 2 MIAMI, FL	24 STREET 33165			
FEI Number	: 59-2147908	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
6303 BLUI SUITE 390 MIAMI, FL	E LAGOON DR) 331266005 U	s		
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,
SIGNATUI				
	Electron	ic Signature of Registered Age	nt	Date
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	COB () HERRAN, MANU 8460 SW 5TH S MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	VD () GUERRA, ARM 9475 JOURNEY CORAL GABLE	'S END ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () GUERRA, JORG 8440 SW 58 ST MIAMI, FL 331	- .	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD () HERRAN, JOSE 8455 GRAND C MIAMI, FL 331	ANAL DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	DP () HERRAN, AGUS	Delete STIN	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: AGUSTIN HERRAN P 04/21/2008