

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G87841**

1. Entity Name  
**EAGLE BRANDS, INC.**



Principal Place of Business  
**% CARLOS M. DE LA CRUZ  
3201 MILAM DAIRY ROAD  
MIAMI, FL 33122**

Mailing Address  
**% CARLOS M. DE LA CRUZ  
3201 MILAM DAIRY ROAD  
MIAMI, FL 33122**



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2385262**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MURAI WALD BIONDO & MORENO PA  
2 ALHAMBRA PLAZA  
PENTHOUSE 1B  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DC
NAME	DE LA CRUZ, CARLOS M.
STREET ADDRESS	3201 N.W. 72 AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D
NAME	DE LA CRUZ, ROSA R.
STREET ADDRESS	5 HARBOR POINT
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	DP
NAME	DE LA CRUZ, CARLOS M
STREET ADDRESS	3201 N.W. 72ND AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	VPGC
NAME	KADRE, MANUEL
STREET ADDRESS	3201 NW 72 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000679792  
04/03/07-80052-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Manuel Kadre*  
**MANUEL KADRE**

**3/13/2007 (305) 599-2337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #