

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J90628**

1. Entity Name

**SNOW WHITE AND THE SEVEN DWARFS, INC.**



Principal Place of Business

**C/O GILBERTO S. FAGUNDO  
2400 W. 56TH ST.  
HIALEAH, FL 33016**

Mailing Address

**C/O GILBERTO S. FAGUNDO  
2400 W. 56TH ST.  
HIALEAH, FL 33016**



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0056117**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FAGUNDO, GILBERTO S  
2400 W. 56TH ST.  
HIALEAH, FL 33016**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEAL, RIGOBERTO  
STREET ADDRESS 2400 W 56TH STREET  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE VD  
NAME LEAL, CARMEN M  
STREET ADDRESS 2400 W 56TH STREET  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE SD  
NAME FAGUNDO, CARMEN T  
STREET ADDRESS 2400 W 56TH STREET  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE TD  
NAME FAGUNDO, GILBERTO S  
STREET ADDRESS 2400 W 56TH STREET  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000881087  
04/15/08-80083-013 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

Date

305-559-2052

Daytime Phone #