

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 07, 2008 08:00 A

Secretary of State

DOCUMENT # J95042

1. Entity Name
MARIA TERESA E. FLORES, INC.



Principal Place of Business
118 NORTH NARANJA AVENUE
PORT ST. LUCIE, FL 34983

Mailing Address
118 NORTH NARANJA AVENUE
PORT ST. LUCIE, FL 34983



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0010599

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLORES, MARIA TERESA E
118 NORTH NARANJA AVENUE
PORT ST. LUCIE, FL 34983

**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

U00000384350
04/17/08-80040-010 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME FLORES, MARIA TERESA E
STREET ADDRESS 118 N. NARANJA AVE.
CITY-ST-ZIP PORT ST. LUCIE, FL

TITLE VPS
NAME GERARD, FLORES
STREET ADDRESS 118 N. NARANJA AVE.
CITY-ST-ZIP PT. ST LUCIE, FL

TITLE VPS
NAME FLORES, MARIA T
STREET ADDRESS 118 N. NARAGJA AVE.
CITY-ST-ZIP PT. ST. LUCIE, FL 34958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Maria Teresa E. Flores*

3/31/08

(772) 45-1170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #