2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 07, 2008 08:00 Al Secretary of State DOCUMENT # K41293 1. Entity Name BORDONA INVESTMENTS, INC. Mailing Address Principal Place of Business 1201 NE 98TH ST PO BOX 530757 **MIAMI FL 33138** MIAMI SHORES FL 33153 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0084825 Not Applicable Zip Country $Z_{ip}$ Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEGEDUS-GARCIA, INES Street Address (P.O. Box Number is Not Acceptable) 1201 NE 98TH ST MIAMI SHORES FL 33138 City 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 (NOTE: Registered Agent agenture required when reinstating) Signature, typed or primed name of registered agent and tills if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition Derete TITLE NAME CORRAL, ANTONIO NAME STREET ADDRESS 1201 NE 98 ST STREET ADDRESS U000000885042 CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP 17/08-80068-01<u>0 150.00</u> TITLE ☐ Derete Change Addition NAME CORRAL, ANTONIO JOSE 1201 NE 98 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP Addition TITLE ☐ Derete Change ST NAME HEGEDUS, PILAR MAJAE STREET ADDRESS STREET ADDRESS 1201 NE 98 ST CITY - ST- 7(P CITY-ST-ZIP MIAMI FL Change ☐ Addition HILE ☐ Delete TITLE HEGEDUS-GARCIA, INES NAME NAME STREET ADDRESS 1201 NE 98TH ST STREET ADDRESS MIAMI SHORES FL 33138 CITY-ST-ZIP CITY-ST-ZIP Change Admition TITLE ☐ Delete ПАМЕ STRELT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 4 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:

| Compared 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.