

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90346 006 ***150.00

DOCUMENT # K86346 1. Entity Name OKEECHOBEE UNION CORP.					
Principal Place of Business TEODORO FERNANDEZ 3425 W OKEECHOBEE RD HIALEAH, FL 33012			Mailing Address TEODORO FERNANDEZ 3425 W OKEECHOBEE RD HIALEAH, FL 33012		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0117595	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERNANDEZ, ZENIA 7350 W 35 AVE HIALEAH, FL 33018			Name Zenia W. Fernandez Street Address (P.O. Box Number is Not Applicable) 3382 West 80th #101 City Hialeah FL 33018		
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 signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FERNANDEZ, ZENIA 7350 W 35 AVE HIALEAH, FL 33018		TITLE NAME STREET ADDRESS CITY - ST - ZIP	3382 West 80th #101, Hialeah, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COUJILL, SERGIO 5241 SW 5 ST MIAMI, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COSTA, LUIS 12970 SW 2ND STREET MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOMINGUEZ, MIRTHA 410 SW 135 AVE MIAMI, FL 33184		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, SONIA 7350 W 35 AVE HIALEAH, FL 33018		TITLE NAME STREET ADDRESS CITY - ST - ZIP	10485 NW 132 ST Hialeah Gardens FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 endorsement with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 03/27/06 (305) 8217384 <small>Daytime Phone #</small>		