

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90049 005 \*\*\*150.00

<b>DOCUMENT # K86346</b> 1. Entity Name <b>OKEECHOBEE UNION CORP.</b>					
Principal Place of Business <b>TEODORO FERNANDEZ</b> <b>3425 W OKEECHOBEE RD</b> <b>HIALEAH, FL 33012</b>			Mailing Address <b>TEODORO FERNANDEZ</b> <b>3425 W OKEECHOBEE RD</b> <b>HIALEAH, FL 33012</b>		
2. Principal Place of Business - No P.O. Box # <b>ZENIA FERNANDEZ</b>			3. Mailing Address <b>ZENIA FERNANDEZ</b>		
Suite, Apt. #, etc. <b>3425 W OKEECHOBEE RD</b>			Suite, Apt. #, etc. <b>3425 W OKEECHOBEE RD</b>		
City & State <b>HIALEAH FL 33012</b>			City & State <b>HIALEAH FL 33012</b>		
Zip <b>33012</b>		Country <b>MIAMI DADE</b>		Zip <b>33012</b>	
Country <b>MIAMI DADE</b>		Country <b>MIAMI DADE</b>		4. FEI Number <b>65-0117595</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>FERNANDEZ, ZENIA M</b> <b>3382 WEST 80 ST #101</b> <b>HIALEAH, FL 33018</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b> </div> <div style="width: 30%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> <div style="width: 30%;"></div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b>	NAME <b>FERNANDEZ, ZENIA</b>		TITLE <b>P</b>	NAME <b>FERNANDEZ, ZENIA</b>	
STREET ADDRESS <b>3382 WEST 80 ST #101</b>	CITY-ST-ZIP <b>HIALEAH, FL 33016</b>		STREET ADDRESS <b>3382 WEST 80 ST #101</b>	CITY-ST-ZIP <b>HIALEAH, FL 33016</b>	
TITLE <b>VP</b>	NAME <b>DOMINGUEZ, MIRTHA</b>		TITLE <b>VP</b>	NAME <b>DOMINGUEZ, MIRTHA</b>	
STREET ADDRESS <b>410 SW 135 AVE</b>	CITY-ST-ZIP <b>MIAMI, FL 33184</b>		STREET ADDRESS <b>410 SW 135 AVE</b>	CITY-ST-ZIP <b>MIAMI, FL 33184</b>	
TITLE <b>D</b>	NAME <b>FERNANDEZ, SONIA</b>		TITLE <b>D</b>	NAME <b>FERNANDEZ, SONIA</b>	
STREET ADDRESS <b>10485 NW 132 ST</b>	CITY-ST-ZIP <b>HIALEAH GARDENS, FL 33016</b>		STREET ADDRESS <b>10485 NW 132 ST</b>	CITY-ST-ZIP <b>HIALEAH GARDENS, FL 33016</b>	
TITLE <b></b>	NAME <b></b>		TITLE <b></b>	NAME <b></b>	
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>		TITLE <b></b>	NAME <b></b>	
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>		TITLE <b></b>	NAME <b></b>	
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	
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, not a power like empowered.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/13/07</b> Daytime Phone # _____					