2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2008 8:00 am Secretary of State 03-07-2008 90028 025 ***150.00

1. Entity Name	8	# L70295 MENTS, INC.							05-07-	2000)	0020 02	, 130	.00
Principal Place of Business 4680 W 17 CT HIALEAH, FL 33012				Mailing Address 7198 NW 51 ST. MIAMI, FL 33166				40040202					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03052008	Chg	.P	CR2E03	34 (12/06)	
City & State				City & State				4. FEI Numb 65-019		,		_ 	plied For t Applicable
Zip	Country			Zip Count			5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Current	Registe					7. Name and Address of New Registered Agent					
		_	Name										
SANTISTEBAN, AIDA 7198 NW 51 STREET MIAMI, FL 33166						Street Address (P.O. Box Number is Not Acceptable)							
· · ·						0.5							
						City					FL	Zip Code	e
	named entity ions of regist	y submits this statement for ered agent.	or the pu	rpose of changing its	registere	ed office or	register	red agent, or bo	th, in the S	tate of Flo	orida. I am f	amitiar with,	and accept
SIGNATURE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution						ncing		.00 May Be ed to Fees				-	•
10.		OFFICERS AND	DIRECT	DIRECTORS 11.				ADDITIONS.	/CHANGE	S TO OFF	ICERS AND	DIRECTOR:	S IN 11
TITLE NAME	PD SANTISTEBAN, GREGORIO E.			☐ Delete TITLE NAME								☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	t	NO PRADO PRINGS, FL 33156				ET ADORESS -ST-ZIP							
TITLE NAME	VD GARCIA	GILBERTO		☐ Delete	TITLI							☐ Change	☐ Addition
STREET ADDRESS	6534 W 2			STRE			ı						
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NAME		CARMEN			NAM	i	CA	RMEL	, (s	AAC	ιA		
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TITLE				☐ Delete	TITL							☐ Change	☐ Addition
NAME STREET ADORESS		•			NAM STRI	ET ADDRESS			•				
STREET ADDRESS CITY-ST-ZIP	[·		/			-\$T-ZIP							
12. I hereby of indicated of the cor	certify that th l on this repo rporation or t	e information supplied wit rt or supplemental report he receiver or trustee env	h this fili is true ar lowered	ng does not qualify to d accurate and that to to execute this report	or the ex my signa as requ	emptions c ture shall h ired by Cha	ontained ave the opter 60	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida ct as if ma es; and tha	Statutes. de under at my nam	I further cert oath; that I a ne appears in	ify that the i im an officer n Block 10 c	nformation r or director r Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #