


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M15013**

1. Entity Name  
**LABRADOR & FUNDORA CORPORATION**



Principal Place of Business      Mailing Address

**2355 W. 4 AVE  
HIALEAH FL 33010  
US**      **2355 W. 4 AVE  
HIALEAH FL 33010  
US**



1st MOORE      CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suito, Apt. #, etc.      Suito, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2532329**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LABRADOR, DOMINGO  
8862 NW 142ND LANE  
MIAMI FL 33016**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LABRADOR, DOMINGO 8862 NW 142 LANE MIAMI LAKES FL 33018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'	
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03/02/07-80033-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 who are empowered.

**SIGNATURE:** *[Signature]*      **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Date** *2/17/07*      **Daytime Phone #** *205 889 4151*