

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M53982	
1. Entity Name DONA AREPA, INC.	

Principal Place of Business 1783 NW 21 TERRACE MIAMI FL 33142 US	Mailing Address 7700 S.W. 67TH TER. MIAMI FL 33143-2715 US
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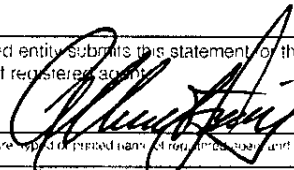
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2817689		Applied For
		Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, ALBERTO 7700 S.W. 67TH TERR MIAMI FL 33134	
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.

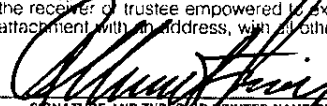
SIGNATURE  DATE _____

Signature typed or printed name of registered agent must be applied. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JIMENEZ, ALBERTO	NAME	000000919872
STREET ADDRESS	7700 S.W. 67TH TER	STREET ADDRESS	05/14/08-80021-023 150.00
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JIMENEZ, ROSA M.	NAME	
STREET ADDRESS	7700 S.W. 67TH TER.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____