


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000007829	
1. Entity Name AROMAS DE PUERTO RICO OF FLORIDA, INC.	

Principal Place of Business 4663 MARTHA LOUISE DR W PALM BCH, FL 33417	Mailing Address 4663 MARTHA LOUIS DR W.P.B. W PALM BCH, FL 33417
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03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 66-0609989	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ORTIZ, CARMEN O 4663 MARTHA LOUISE DR W PALM BCH, FL 33417	DO NOT WRITE IN THIS SPACE
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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 <u>Carmen O. Ortiz</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>3-30-08</u>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	U000000886420 04/18/08-80056-001 75.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PF ORTIZ, CARMEN O 4663 MARTHA LOUISE DR W PALM BCH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MERCADO, LIZETTE 5268 EL BOSQUE LN #28 W PALM BCH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVIRA, JANICE 3068 JENNINGS AVE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALDONADO, TERESA 138 VISCAYA AVE ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, FRIDALIZ M 4663 MARTHA LOUISE DR WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANGUAL, ANA 121 ROSEWOOD LN GREENACRES, FL 33463

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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 617, 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: <u>Carmen Olga Ortiz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3-30-08</u> Daytime Phone # <u>(561) 876-7120</u>