## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N01000007829**

Entity Name

AROMAS DE PUERTO RICO OF FLORIDA, INC.



Principal Place of Business

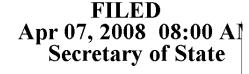
4663 MARTHA LOUISE DR W Palm BCH, FL 33417 Mailing Address

4663 MARTHA LOUIS DR

W.P.B.

DO NOT WRITE IN THIS SPACE

W PALM BCH, FL 33417





03312008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
66-0609989

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

6. Name and Address of Current Registered Agent

ORTIZ, CARMEN O 4663 MARTHA LOUISE DR W PALM BCH, FL 33417

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

SIGNATURE_	Carmen Q. Oites	LS			3-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
) 	Filing Fee Is \$61.25 Due by May 1, 2008	Election Campaign Financing     Trust Fund Contribution.	ł.	\$5.00 May Be Added to Fees	U00000886420 04/18/08-80056-001 75.00
10. OFFICERS AND DIRECTORS				<i>:</i>	
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		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALDONADO, TERESA 138 VISCAYA AVE ROYAL PALM BEACH, FL 33411			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, FRIDALIZ M 4663 MARTHA LOUISE DR WEST PALM BEACH, FL 33417			<b>A</b>	
TITLE NAME STREET ADDRESS	T -MANGUAL, ANA 121 ROSEWOOD LN	the second companies as placed and	rī.	NO column	
CITY-ST-ZIP	GREENACRES, FL 33463		** ***		
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.					