## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008475

Name:

Address: City-St-Zip:

Entity Name: CANTAROS DE BENDICION INC

FILED Jan 07, 2008 Secretary of State

Entity Na	me: CANTAR	OS DE E	ENDICION, INC.				
Current Principal Place of Business:				New Prince	New Principal Place of Business:		
	8 STREET O BEACH, FL	33060	US				
Current Mailing Address:				New Mailing Address:			
	FICE BOX 515 USE POINT, F		US				
FEI Number	: 65-1154085	FEI Nur	nber Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current F	Registered Agent:	Name and	l Address (	of New Registered Agent:	
6751 NOR SUITE 201 BOCA RA The above	TON, FL 3348 and an annual representation of the state of	7 US	his statement for the <sub>l</sub>	ourpose of changing	its registere	ed office or registered agent, or both,	
in the State	e of Florida.						
SIGNATU		nic Signat	rure of Registered Ag	ont on the second		 Date	
Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( ) Delete MORALES, DOMINGO D POST OFFICE BOX 51535 LIGHTHOUSE POINT, FL 33064 US			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( WORDEN, DO 2131 NE 33RD LIGHTHOUSE	STREET	33064 US	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD ( ARMENTEROS 13155 SW 232 MIAMI, FL 331	STREET	М	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( STABLEY, RUS 5821 NE 20TH FORTLAUDER	TERR	33308 FL	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	(	) Delete		Title:	SEC	( ) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

RICHARDSON, JANET

740 SOUTH FEDHWY APT 209

POMPANO BEACH, FL 33062 US

SIGNATURE: DOMINGO D. MORALES PD 01/07/2008