2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N06000006269

Entity Name: CARDOS NI ORTIGAS CORP

Current Principal Place of Business:

325 WEST 35 STREET
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 28408
HIALEAH, FL 33002

New Mailing Address:

FEI Number: 84-1712830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARES, ANTONIO
325 WEST 35 STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

CLARES, ANTONIO - MR
325 WEST 35 STREET
HIALEAH, FL 33012 US

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.

SIGNATURE: ANTONIO CLARES 03/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CLARES, ANTONIO
Address: 325 WEST 35 STREET
City-St-Zip: HIALEAH, FL 33012

Title: DT ( ) Delete
Name: COLMILIO, ROXANA
Address: 325 WEST 35 STREET
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete
Name: RAMBLA, JUAN H
Address: 325 WEST 35 STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CLARES, ANTONIO - MR
Address: 325 WEST 35 STREET
City-St-Zip: HIALEAH, FL 33012

Title: DT (X) Change ( ) Addition
Name: COLMILIO, ROXANA - MRS
Address: 325 WEST 35 STREET
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change ( ) Addition
Name: RAMBLA, JUAN H MR
Address: 325 WEST 35 STREET
City-St-Zip: HIALEAH, FL 33012

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.

SIGNATURE: ANTONIO CLARES MR 03/13/2008
Electronic Signature of Signing Officer or Director Date