


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90050 032 ***150.00

DOCUMENT # P00000012222	
1. Entity Name HARIBO CORPORATION	

Principal Place of Business 713 SE 1ST AVE HALLANDALE, FL 33009	Mailing Address 713 SE 1ST AVE STE 635 HALLANDALE, FL 33009
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2. Principal Place of Business - No P.O. Box # 169 E. Flagler St.	3. Mailing Address 19370 COLLINS AVE
Suite, Apt. #, etc. Suite # 1534	Suite, Apt. #, etc. APT # 926
City & State Miami, FL	City & State Sunny Isles, FL
Zip 33131	Zip 33160
Country U.S.A.	Country U.S.A.

04042007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3620729

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOTAS, CLAUDIA
17890 NE 31 CT 3312
NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent (CORRECT)

Name **MATOS, CLAUDIA**

Street Address (P.O. Box Number is Not Acceptable)
19370 COLLINS AVE # 926

City **SUNNY ISLES, FL** Zip Code **33160**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	D DE PAULA, CANDELARIA B ESTRADA CAMPO D'AREIS #131, APT 203 JACAREPAGUO - RIO DE JANEIRO, BR 227 4311	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Candelaria Barreto de Paula **CANDELARIA BARRETO DE PAULA** **4/1/7**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (305) 772-6979