



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # P00000017636	
1. Entity Name MARGOMES, CORP.	

Principal Place of Business 12993 S.W. 112TH STREET MIAMI, FL 33186	Mailing Address 12993 S.W. 112TH STREET MIAMI, FL 33186
---	---

DO NOT WRITE IN THIS SPACE

	
03062008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0987140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONCALVES, JOAO 12993 S.W. 112TH STREET MIAMI, FL 33186

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GONCALVES, JOAO 12993 S.W. 112TH STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GONCALVES, MARIA GOMES 12993 S.W. 112TH STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000855800
03/27/08-80066-004 150.00

DO NOT WRITE
IN THIS SPACE

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: 	03-11-08 305-384-36-45
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #