2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000040996

1. Entity Name

POSADA, CABRERA, AND LEIVA INVESTMENTS, INC.



FILED Feb 26, 2007 08:00 AM Secretary of State

Principal Place of Business

589 ESPLENADE DR MIAMI SPRINGS, FL 33166 Mailing Address

589 ESPLENADE DR MIAMI SPRINGS, FL 33166



DO NOT WRITE IN THIS SPACE

01262007

4. FEI Numb

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0991956

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURANZA, OSCAR 10261 SW 72ST 102 MIAMI, FL 33173

SIGNATURE: KA

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 Signature: typed or printed name of registered agent and uttell applicable. (NOTE: Registered Agent signature required when reinstating) DATE				DATE
FILE NUMIII FEE 12 3 130.00		Election Campaign Finan- Trust Fund Contribution.	sing \$5.00 May Be Added to Fees	U00000648928 03/07/07-80028015 150.00
10.	OFFICERS AND DIREC	TORS		4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POSADA, RAFAEL 589 ESPLENADE DR MIAMI SPRINGS, FL 33166			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CABRERA, EVELIO 589 ESPLENADE DR MIAMI SPRINGS, FL 33166			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		.	
12. I hereby certify that the information supplied with this filling 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.				

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR