

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000068436

1. Entity Name  
FLAMINGO ENERGY CORPORATION



Principal Place of Business  
444 BRICKELL AVE  
SUITE 51-PMB 503  
MIAMI, FL 33131-2492

Mailing Address  
C/O PATRICIA JONES  
1221 BRICKELL AVE, 21 FLOOR  
MIAMI, FL 33131

FILED

2008 FEB 29 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
7315 S.W. 87th Ave.

3. Mailing Address  
c/o Anthony Wolpert

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.  
7315 S.W. 87th Ave.

City & State  
Miami, FL

City & State  
Suite 200, Miami, FL

4. FEI Number  
65-1088228

Applied For  
Not Applicable

Zip  
33173

Country  
USA

Zip  
33173

Country  
USA

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

## 6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 X

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PDST ☒ Delete  
NAME CAMPOLLA CODINA, RAMON  
STREET ADDRESS 1221 BRICKELL AVE- GREENBERG TRAWIG  
CITY-ST-ZIP MIAMI, FL

TITLE VPD ☒ Delete  
NAME CAMPOLLO CODINA, RICARDO  
STREET ADDRESS 1221 BRICKELL AVE- GREENBERG TRAWIG  
CITY-ST-ZIP MIAMI, FL

TITLE VPD ☒ Delete  
NAME CAMPOLLO DE GARCIA, ROSA MARIA  
STREET ADDRESS 1221 BRICKELL AVE- GREENBERG TRAWIG  
CITY-ST-ZIP MIAMI, FL

TITLE VPD ☒ Delete  
NAME CAMPOLLO DE BONIFASI, MARIA E  
STREET ADDRESS 1221 BRICKELL AVE- GREENBERG TRAWIG  
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDTD ☒ Change ☐ Addition  
NAME Campollo Codina, Ramon  
STREET ADDRESS 7315 S.W. 87th Ave, Suite 200  
CITY-ST-ZIP Miami, FL 33173

TITLE VPD ☒ Change ☐ Addition  
NAME Campollo Codina, Ricardo  
STREET ADDRESS 7315 S.W. 87th Ave. Suite 200  
CITY-ST-ZIP Miami, FL 33173

TITLE VPSD ☒ Change ☐ Addition  
NAME Campollo de Garcia, Rosa Maria  
STREET ADDRESS 7315 S.W. 87th Ave. Suite 200  
CITY-ST-ZIP Miami, FL 33173

TITLE VPD ☒ Change ☐ Addition  
NAME Campollo de Bonifasi, Maria Eugenia  
STREET ADDRESS 7315 S.W. 87th Ave., Suite 200  
CITY-ST-ZIP Miami, FL 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800119549738  
03/06/08--01016--013 \*\*150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #