

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**- May 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # P00000092172

1. Entity Name
ARTE & CRISTAL INTERNATIONAL, CORP.



Principal Place of Business
**14246 SW 148 AVE
MIAMI, FL 33196 US**

Mailing Address
**14246 SW 148 AVE
MIAMI, FL 33196 US**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1045777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARDONA, DIEGO FERNANDO F
14246 SW 148 AVE
MIAMI, FL 33196**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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, 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	P
NAME	CARDONA, DIEGO FERNANDO F
STREET ADDRESS	14246 SW 148 AVE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	V
NAME	CARDONA, ELVIN F
STREET ADDRESS	14246 SW 148 AVE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	S
NAME	CARDONA, GLORIA
STREET ADDRESS	14246 SW 148 AVE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000938563
05/27/08-80084-018 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

Date

Daytime Phone #