

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90005 030 ***150.00

DOCUMENT # P00000102185

1. Entity Name

EDDY'S SASTRERIA, INC.



Principal Place of Business

**5545 S.W. 8TH STREET
#110
MIAMI FL 33144**

Mailing Address

**5545 S.W. 8TH STREET
#110
MIAMI FL 33144**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/08)

4. FEI Number

65-1052059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANEGAS, EDDY
5545 S.W. 8TH STREET
#110
MIAMI FL 33144**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME VANEGAS, EDDY'S
STREET ADDRESS 567 S.W. 3RD ST. #2
CITY-ST-ZIP MIAMI FL 33130

TITLE PD ☐ Change ☐ Addition
NAME VANEGAS EDDY
STREET ADDRESS 5545 SW 8th #110
CITY-ST-ZIP MIAMI FL 33134

TITLE VD ☐ Delete
NAME GRULLON, ELVIN B
STREET ADDRESS 1028 SW 2ND ST. #6
CITY-ST-ZIP MIAMI FL 33130

TITLE VD ☐ Change ☐ Addition
NAME GRULLON ELVIN
STREET ADDRESS 1065 SW 29 AVE.
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

08-20-08 305-2667281