

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 030 ***150.00

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1. Entity Name
OSORIO BROTHERS CORP.



Principal Place of Business

**8830 SW 123 COURT
1406
MIAMI, FL 33186**

Mailing Address

**8830 SW 123 COURT
1406
MIAMI, FL 33186**



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1069679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCGIVERN, MARTHA
8830 SW 123 COURT
1406
MIAMI, FL 33186**

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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 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 PD
NAME OSORIO, JORGE
STREET ADDRESS 8830 SW 123 COURT # 1406
CITY-ST-ZIP MIAMI, FL 33186

TITLE VD
NAME ANGULO, DAVID
STREET ADDRESS 8830 SW 123 COURT
CITY-ST-ZIP MIAMI, FL 33186

TITLE SD
NAME OSORIO, BEATRIZ
STREET ADDRESS 8830 SW 123 COURT 1406
CITY-ST-ZIP MIAMI, FL 33186

TITLE SD
NAME OSORIO, VIVIAN
STREET ADDRESS 8830 SW 123 COURT # 1406
CITY-ST-ZIP MIAMI, FL 33186

TITLE VD
NAME JOSE D. SANCHEZ
STREET ADDRESS 8830 SW 123 CT # 406
CITY-ST-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #