## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000039944** 

1. Entity Name

CISNEROS INTERNATIONAL GROUP, INC.



## FILED Aug 18, 2008 8:00 am Secretary of State

07-25-2008 90010 035 \*\*\*150.00

Principal Place of Business

8701 SW 89TH CT MIAMI, FL 33173-4590 Mailing Address

8701 SW 89TH CT MIAMI, FL 33173-4590



07212008

No Cho-P

CR2E034 (11/05)

4. FEI Number 65-1099934 Applied Fo

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CISNEROS, EDWIN S 8701 SW 89TH CT MIAMI, FL 33173-4590

## DO NOT WRITE IN THIS SPACE

				114	IIIIS SPACE
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and a
SIGNATURE.	Signature, typed or previded name of registered agent and to	## ## #PP\$Cable (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 9. Election Campa Due by September 12, 2008 Trust Fund Con					In accordance with s. 607.193(2)(b), F.S., corporation did not receive the prior notice
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STPEET ADDRESS CITY-ST-ZIP	PVIS- CISNEROS, EDWIN S 8701 SW 89TH COURT MIAMI, FL 33173				
TITLE HAME STREET ADDRESS CITY-5T-ZIP	T ALEJANSAO CISNEROS 5 450 W 2745 ST HIALEAH PL 33010				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN:	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE .					

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 direct of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin 5

STREET ADDRESS

STRAINER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/0

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