## 2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

**ANNUAL REPORT** 

DOCUMENT # P01000046137

1. Entity Name ONIBORDE CORP



01032008

Principal Place of Business

902 NW 27 AVENUE MIAMI, FL 33125

STREET ADDRESS

SIGNATURE:

Mailing Address

902 NW 27 AVENUE MIAMI, FL 33125

## **FILED** Jan 07, 2008 08:00 A Secretary of State



No Chg-P

CR2E034 (11/05)

Applied For

| L  | DO NOT WRITE IN THIS SPA  |  |                               | 4. FEI Numb  | Applied For Not Applicable  |                                   |
|--|---|--|-------------------------------|--|-----------------------------|-----------------------------------|
|  |   |  |                               | 5. Certificate   | e of Status Desired         | \$8.75 Additional Fee Required    |
|  | 6. Name and Address of Current Regis                                    | tered Agent                                      |                               |  |                             |                                   |
| VILLAR, AIDA<br>3410 S.W. 91 AVENUE<br>MIAMI, FL 33165 |   |  | DO NOT WRITE<br>IN THIS SPACE |  |                             |                                   |
|  | named entity submits this statement for the plions of registered agent. | urpose of changing its registere                 | ed office or re               | egistered agent, or bo   | oth, in the State of Florid | a. I am familiar with, and accept |
| 1.   | Signature, typed or printed name of registered agent and title in       | spplicable. (NOTE: Registered                    | d Agent signature             | required when reinstating)   |                             | DATE                              |
| FIL<br>After M   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00             | Election Campaign Finan Trust Fund Contribution. | icing                         | \$5.00 May Be<br>Added to Fees   |                             |                                   |
| 10.  | OFFICERS AND DIREC  | TORS   | I                             |  | <u> </u>                    | <del></del>                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                  | D<br>VILLAR, AIDA<br>3410 S.W. 91 AVENUE<br>MIAMI, FL 33165             |  |                               |  | 00000077<br>01/07/08-80     | 74690<br>0024-014 150.00          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                  | D<br>VILLAR, EUGENIO<br>3410 SW 91 AVE<br>MIAMI, FL 33165               |  |                               |  |                             |                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                  |   |  |                               | DO   | NOT WE                      | RITE                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                  |   |  |                               | IN '   | THIS SPA                    | <b>ICE</b>                        |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  |   |  |                               | and the state of t |                             | · .                               |
| NAME.  | RD A Car  | أيروا متا ومعدوا الداعة                          |                               |  |                             |                                   |

12. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered.

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