

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055909

FILED
Apr 02, 2007
Secretary of State

Entity Name: POTES CORP.

Current Principal Place of Business:

2144 QUAIL ROOST DR
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2144 QUAIL ROOST DR
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-1125990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTES, MARCIA
2144 QUAIL ROOST DR
WESTON, FL 33327 US

Name and Address of New Registered Agent:

POTES, MARIA
2144 QUAIL ROOST DR
WESTON, FL 33327 US

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.

SIGNATURE: MARIA POTES

04/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POTES, MARIA F
Address: 1003 SHOTGUN RD
City-St-Zip: SUNRISE, FL 33326

Title: VPT () Delete
Name: SALAZAR, VALENTINA
Address: 2144 QUAIL ROOST DR
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: MONTANO, JOSE A
Address: 2144 QUAIL ROOST DR
City-St-Zip: WESTO, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POTES, MARIA F
Address: 2144 QUAIL ROOST DR
City-St-Zip: WESTON, FL 33327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MONTANO, JOSE A
Address: 2144 QUAIL ROOST DR
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA POTES

PD

04/02/2007

Electronic Signature of Signing Officer or Director

Date