


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90106 026 \*\*\*158.75

**DOCUMENT # P01000097755**

1. Entity Name  
**FIGUEREDO & ASSOCIATES, INC.**



Principal Place of Business 101 SIDONIA AVE #405 CORAL GABLES, FL 33134	Mailing Address 101 SIDONIA AVE #405 CORAL GABLES, FL 33134
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40090000

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05022008 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 65-1149604	Applied For Not Applicable
Zip	Country	Zip	Country



5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FIGUEREDO, FRANCISCO**  
**101 SIDONIA AVE**  
**#405**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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NAME	FIGUEREDO, FRANCISCO	NAME		NAME		NAME	
STREET ADDRESS	101 SIDONIA AVE #405	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP		CITY-ST-ZIP		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: Francisco Figueredo - C.E.O  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/08 305-321-6057  
Date Daytime Phone #