

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000102402

1. Entity Name
BRAND NAMES FOR LESS OF SOUTH FLORIDA, INC.



Principal Place of Business
175 NE 1ST STREET
MIAMI, FL 33130

Mailing Address
175 NE 1ST STREET
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIRALLES, XIOMARA F
3598 W 141LANE
HIALEAH, FL 33012

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MIRALLES, XIOMARA 175 NE 1ST STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIRALLES, ANTONIO E 175 NE 1ST STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**FILED
Feb 13, 2008 8:00 am
Secretary of State**

02-13-2008 90039 001 ***150.00
02-13-2008 90039 002 *****8.75

00001234



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1147721	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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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 #