


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000107528
 1. Entity Name
FLAGLER HARDWARE AND TOOLS CORP.



Principal Place of Business Mailing Address
2303-2305 WEST FLAGLER STREET **2303-2305 WEST FLAGLER STREET**
MIAMI, FL 33125-1524 **MIAMI, FL 33125-1524**

DO NOT WRITE IN THIS SPACE



05172008 No Chg-P CR2E034 (11/05)

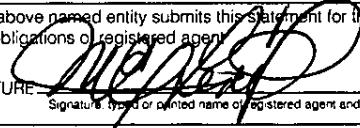
| | |
|---|---------------------------------------|
| 4. FEI Number 65-1151566 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LEON, MARIA
1538 SW 18 ST
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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 is 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.

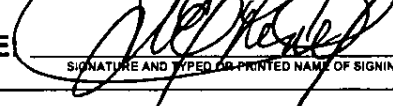
10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------|
| TITLE | DPST |
| NAME | LEON, MARIA E |
| STREET ADDRESS | 1538 SW 18 ST |
| CITY-ST-ZIP | MIAMI, FL 33145 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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U00000951776
 06/04/08-80051-004 150.00

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 names and titles empowered.

SIGNATURE  DATE **5/18/08** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR