


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000050787</b>	
1. Entity Name LUIS CEDENO RESCREENING, INC.	

Principal Place of Business 2220 N. SEACREAST BLVD BOYNTON BEACH, FL 33435 US	Mailing Address 2220 N. SEACREAST BLVD BOYNTON BEACH, FL 33435 US
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04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-0888750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HOSE, ANTHONY  
 6542 HYPOLOXO RD STE #183  
 LAKEWORTH, FL 33467

**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, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)

**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

000000947417  
 06/02/08-80014-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEDENO, IHOSVANY L 2220 NORTH SEACREAST BLVD BOYNTON BCH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, MARIA 2220 NORTH SEACREAST BLVD BOYNTON BCH, FL 33435
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 of the same, 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 which address, with all other like empowered.

SIGNATURE:  DATE: 4/30/08 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR