2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000072096

1. Entity Name OFRO, CORP.



FILED Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5461 N.W. 72ND AVENUE MIAMI, FL 33166 5461 N.W. 72ND AVENUE MIAMI, FL 33166



01182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 46-0490501 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ROMERO, OMAR F 5461 N.W. 72ND AVENUE MIAMI, FL 33166

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pailons of registered agent.	urpose of changing its regis	tered office or re	egistered agent, or bo	oth, in the State of Flo	rida. I am familiar with, ar	nd accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Regis	stared Agent a gnature	required when romstating)	<u></u>	DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Frust Fund Contribution				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, OMAR F 5461 N.W. 72ND AVENUE MIAMI, FL 33166				. U00000 01/29/08-	1796027 -80015-017 158	- 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, LUZ A 5461 N.W. 72ND AVENUE MIAMI, FL 33166				STATE OF THE	00010 011 100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					, , , , , , , , , , , , , , , , , , ,		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· .	: 	* •	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 truetee 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 addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECT

1-18-08

305 887-8570

Daylima Phone