

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # P02000116981

**1. Entity Name
PARTEGAS ONE, INC.**



**Principal Place of Business
10181 N.W. 58 STREET
UNIT 5-A
MIAMI, FL 33178 US**

**Mailing Address
10481 NW 41 STREET
MIAMI, FL 33178 US**



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-0339922**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**PALACIOS, CRISTINA
10090 N.W. 58 STREET
MIAMI, FL 33178**

**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

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
DPS
MOYA, ARMIDA A
MUN 2171, P.O. BOX 025352
MIAMI, FL 33102**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
MOYA, FRANCISCO E
MUN 2171, P.O. BOX 025352
MIAMI, FL 33102**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOYA, ADRIANA C
MUN 2171, P.O. BOX 025352
MIAMI, FL 33102**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOYA, VERONICA A
MUN 2171, P.O. BOX 025352
MIAMI, FL 33102**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOYA, FABIOLA G
MUN 2171, P.O. BOX 025352
MIAMI, FL 33102**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**U000000991532
04/23/08-80029-007 150.00**

**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 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 #

04/04/2008