2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000116988

1. Entity Name
PARTEGAS TWO, INC.

Principal Place of Business	Mailing Address
10181 N.W. 58 STREET UNIT 5-A MIAMI, FL 33178 US	10481 NW 41 STREET MIAMI, FL 33178 US

04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4226346
☐ 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. 56 STREET
MIAMI, FL 33178

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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	DPS
NAME	MOYA, ARMIDA A
STREET ADDRESS	MUN 2171, P.O. BOX 025352
CITY-ST-ZIP	MIAMI, FL 33102
TITLE	DVPT
NAME	MOYA, FRANCISCO E
STREET ADDRESS	MUN 2171, P.O. BOX 025352
CITY-ST-ZIP	MIAMI, FL 33102
TITLE	D
NAME	MOYA, ADRIANA C
STREET ADDRESS	MUN 2171, P.O. BOX 025352
CITY-ST-ZIP	MIAMI, FL 33102
TITLE	D
NAME	MOYA, VERONICA A
STREET ADDRESS	MUN 2171, P.O. BOX 025352
CITY-ST-ZIP	MIAMI, FL 33102
TITLE	D
NAME	MOYA, FABIOLA G
STREET ADDRESS	MUN 2171, P.O. BOX 025352
CITY-ST-ZIP	MIAMI, FL 33102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-80029-004 150.00

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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 REPORTING OFFICER OR DIRECTOR Date Daytime Phone #