2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000120771

1. Entity Name
OWN BUSINESSES CORP.

Principal Place of Business	Mailing Address
4862 NW 107 PLACE MIAMI, FL 33178	P.O. BOX 227682 MIAMI, FL 33222

DO NOT WRITE IN THIS SPACE

03082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
71-0916160	Not Applicable

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

6. Name and Address of Current Registered Agent

TORRES, YARIMA
4862 NW 107 PL
MIAMI, FL 33178

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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

U00000857158
03/31/08-80001-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVILA, GERMAN
STREET ADDRESS	P.O. BOX 227682
CITY-ST-ZIP	MIAMI, FL 33222
TITLE	V
NAME	TORRES, YARIMA
STREET ADDRESS	P.O. BOX 227682
CITY-ST-ZIP	MIAMI, FL 33222

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: _____   03/09/08   (786) 8537766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #