

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120771

Entity Name: OWN BUSINESSES CORP.

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

4862 NW 107 PLACE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 227682
MIAMI, FL 33222

New Mailing Address:

4862 NW 107 PLACE
MIAMI, FL 33178

FEI Number: 71-0916160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, YARIMA
4862 NW 107 PL
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVILA, GERMAN
Address: P.O. BOX 227682
City-St-Zip: MIAMI, FL 33222 US

Title: V () Delete
Name: TORRES, YARIMA
Address: P.O. BOX 227682
City-St-Zip: MIAMI, FL 33222 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVILA, GERMAN
Address: 4862 N.W. 107 PLACE
City-St-Zip: MIAMI, FL 33178 US

Title: V (X) Change () Addition
Name: TORRES, YARIMA
Address: 4862 N.W. 107 PLACE
City-St-Zip: MIAMI, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YT

PRES

02/13/2009

Electronic Signature of Signing Officer or Director

Date