FILED May 02, 2008 8:00 am

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	ANNUAL	REPORT	

ANNOAL REPORT						Secretary of State						
DOCUMENT # P02000126217 1. Entity Name CERVERA MARKETING CORPORATION					4		05-02-2008	_				
Brigginal Plac	e of Business		Mailing Address				•					
· ·			-		•		•					
6354 SW 35			6354 SW 35TH ST			.						
MIAMI, FL 3	3155		MIAMI, FL 33155			.		•				
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	lace of Business		3. Mailing Address									
6354	SW 35	Street	6354 SW 35	Sti	reet							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04252008	3 (Chg-P	CR2E03	34 (12/06)	
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City & Stat	e		City & State				4. FEI Num	nber			Aρ	plied For
Mia	mi, Fl 🗆	33155	Miami, Fl	331:	55]	06-16	62450)		No	t Applicable
Zip	С	Country	Zip	Countr	у		£ 0	0	to Desired		\$8.75 Add	litional
						ŀ	5. Certifica	ite of Sta	tus Desired		ee Required	
	6. Name and	Address of Current R	tegistered Agent	- 1			7. Name at	nd Addr	ess of New R	egistered A	gent	
					Name	Dir	ben C	02110	V. 2			
CERVERA	N, RUBEN			-			 					
6354 SW 3	35TH ST								ot Acceptable	•)		
MIAMI, FL	33155			F	6.3.5	4	SW 35	Str	eet			
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				F	City		•				Zip Code	8
					· , M	lia:	mı			FL	331	
8. The above	named entity sul	bmits this statement for	the purpose of changing its	registered	d office or reg	gistere	d agent, or t	ooth, in t	he State of Flo	rida. I am fa	amitiar with.	and accept
the obligat	tions of registered	d agent.										
SIGNATURE	di-	·.								DATE		 ,
	Signature, typed or pri	inted name of registered agent ar	nd title if applicable. (NOTE	: Hadistelad	Agent signature re	aquirea v	when reinstating)			DATE		
	_			m								ľ
		E IS \$150.00	-9. Election Campai Trust Fund Contr	_	oing -		00 May Be					
After Ma	ay 1, 2008 F	ee will be \$550.0	O } Trust Fund Contr	IDURON.		Adde	d to Fees					ì
10.	••••	OFFICERS AND D	DIRECTORS	11.			ADDITION	S/CHAN	GES TO OFFI	CERS AND	DIRECTORS	S IN 11
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-					17		en Ce					
STREET ADDRESS	6354 SW 35T			CITY-S					Street			
CITY-ST-ZIP	MIAMI, FL 33	3133	***	GITT-8	S1-20P M	4ia	mi, F	1_33	3155			
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12. I hereby o	certify that the inf	ormation supplied with t	this filing does not qualify fo	r the exer	mptions conta	ained	in Chapter 1	19, Flori	da Statutes, i	further certi	fy that the ir	nformation
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 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 attachi	nent with an address; w	wered to execute tris report ith all other like empowered:	as require	· · ·	, 007	TIONGA SIBIL	یروی, a/از ر	1	· · · · · · · · · · · · · · · · · · ·	_	DIOCK ITII
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR