
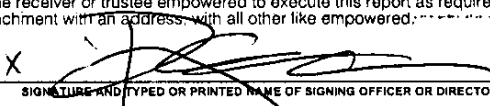


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90166 036 ***150.00

DOCUMENT # P02000126217 1. Entity Name CERVERA MARKETING CORPORATION						
Principal Place of Business 6354 SW 35TH ST MIAMI, FL 33155			Mailing Address 6354 SW 35TH ST MIAMI, FL 33155			
2. Principal Place of Business - No P.O. Box # 6354 SW 35 Street		3. Mailing Address 6354 SW 35 Street				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State Miami, Fl 33155		City & State Miami, Fl 33155		4. FEI Number 06-1662450		
Zip 		Country 		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CERVERA, RUBEN 6354 SW 35TH ST MIAMI, FL 33155			7. Name and Address of New Registered Agent Name Ruben Cervera Street Address (P.O. Box Number is Not Acceptable) 6354 SW 35 Street City Miami FL Zip Code 33155			
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 --			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CERVERA, RUBEN 6354 SW 35TH ST MIAMI, FL 33155		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Ruben Cervera 6354 SW 35 Street Miami, Fl 33155	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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: X  4/30/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						