


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000127484


1. Entity Name
CHERYL LEVINE, INC.



Principal Place of Business Mailing Address

8821 SW 105 ST **8821 SW 105 ST**
MIAMI, FL 33176 **MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



07142008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
55-0806768 Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINE, CHERYL
8821 SW 105 ST
MIAMI, FL 33176

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVINE, CHERYL
STREET ADDRESS	8821 SW 105 ST
CITY- ST- ZIP	MIAMI, FL 33174
TITLE	VP
NAME	ALFONSO, JORGE
STREET ADDRESS	8821 SW 105ST
CITY- ST- ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

U00000958271
08/25/08-80002-009 550.00

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: Cheryl Levine 8/18/8 305-279-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #