

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000000462

1. Entity Name
KEDER INVESTMENTS, CORP.



Principal Place of Business

**1975 W. 44 PLACE
APT A-507
MIAMI, FL 33184**

Mailing Address

**1975 W. 44 PLACE
APT A-507
MIAMI, FL 33184**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1869894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROS, ENRIQUE E
16127 DENHAM CT
CLERMONT, FL 34711**

**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

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

11000000779302

01/11/08-80032-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROS, ENRIQUE E
STREET ADDRESS 1975 W. 44 PLACE APT A-507
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VD
NAME ROS, ERIC R
STREET ADDRESS 16127 DENHAM CT
CITY-ST-ZIP CLERMONT, FL 34711

TITLE S
NAME ROS-GARCIA, KEYLA
STREET ADDRESS 16451 MEREDREW LN
CITY-ST-ZIP CLERMONT, FL 34711

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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-07-08