

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90323 029 \*\*\*150.00

**DOCUMENT # P03000009986**

1. Entity Name  
**PREMIACION LA CONGA DE ORO-THE GOLD CONGA AWARD, CORP**



Principal Place of Business  
**121 SW 57 COURT  
MIAMI, FL 33144**

Mailing Address  
**121 SW 57 COURT  
MIAMI, FL 33144**

40063644

2. Principal Place of Business - No P.O. Box #  
**4330 NW 11 STREET**

3. Mailing Address  
**4330 NW 11 STREET**

Suite, Apt. #, etc.  
**B.**

City & State  
**MIAMI, FL**

Zip  
**33126**

Country  
**U.S.**



04122007 Chg-P CR2E034 (12/06)

4. FEI Number  
**14-1868320**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**PUJALS, MERCEDES S  
121 SW 57 COURT  
MIAMI, FL 33144**

7. Name and Address of New Registered Agent  
Name **PUJALS, MERCEDES S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4330 NW 11 STREET APT B.**  
City **MIAMI** FL Zip Code **33126**

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: *Mercedes Pujals* (Type or printed name of registered agent and title if applicable) (If Not Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	PVT PUJALS, MERCEDES S 121 SW 57 COURT MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Mercedes Pujals* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **April 13-2007** DAYTIME PHONE #