

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

Approved for Payment

Charge G/L # 7103086 CC# 8600
Feb 08, 2007 08:00 AI

FILED
Secretary of State

DOCUMENT # P03000029671

1. Entity Name
REPRESENTACIONES ESPIRITO SANTO, INC.



Principal Place of Business
**1395 BRICKELL AVE
MIAMI, FL 33131**

Mailing Address
**1395 BRICKELL AVE
MIAMI, FL 33131**

Signature

2-2-07

Date



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1043502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE STEWART LAW FIRM
1395 BRICKELL AVE
SUITE 430
MIAMI, FL 33131**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000627208
02/15/07-80050-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALESTRA, VICTOR C 1395 BRICKELL AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MEDINA, ALVARO DIEZ LUIS A. DE HERRERA 1248, TORRE 1 OF. 707 MONTEVIDEO, URUGUAY, 11300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, MARK A 1395 BRICKELL AVE MIAMI, FL 33131
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

2-2-07

Date

Daytime Phone #