2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90044 028 ***150.00

DOCUMENT # P03000101609

1. Entity Name
M. PUENTES Y ASOCIADOS, CORP.

Principal Place of Business	Mailing Address
200 CHARLEY AVE #2 FORT LAUDERDALE, FL 33312	200 CHARLEY AVE #2 FORT LAUDERDALE, FL 33312

05012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
17335 NW 67 PL	17335 NW 67 Place
Suite, Apt. #, etc. # 14D	Suite, Apt. #, etc. # 14D
City & State Hialeah FL.	City & State Healeah FLORIDA
Zip 33015 Country	Zip 33015 Country

4. FEI Number
20-0232569
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUENTES, MARCO POLO
167-01 NE 21 AVE.#208
N MIAMI BCH, FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
17335 NW 67 PL # 14D

City Hialeah FL Zip Code 33015

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PUENTES DAZA, LEOPOLDO		NAME	
STREET ADDRESS	16701 NE 21 AVE #208		STREET ADDRESS	17335 NW 67 PL # 14D
CITY-ST-ZIP	N MIAMI BCH, FL 33162		CITY-ST-ZIP	Hialeah FL 33015
TITLE	T	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PUENTES DAZA, DORIS AMPARO		NAME	
STREET ADDRESS	167-01 NE 21 AVE.		STREET ADDRESS	17335 NW 67 PL # 14D
CITY-ST-ZIP	N MIAMI BCH, FL 331623323		CITY-ST-ZIP	HiAleah FL 33015
TITLE	T	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PUENTES DAZA, CAMILA		NAME	
STREET ADDRESS	167-01 NE 21 AVE.		STREET ADDRESS	17335 NW 67PL # 14D
CITY-ST-ZIP	N MIAMI BCH, FL 331623323		CITY-ST-ZIP	Hialeah FL 33015
TITLE	T	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	OUENTES DAZA, PATRICIA		NAME	
STREET ADDRESS	167-01 NE 21 AVE.		STREET ADDRESS	17335 NW 67PL # 14D
CITY-ST-ZIP	N MIAMI BCH, FL 331623323		CITY-ST-ZIP	Hialeah FL 33015
TITLE	VP	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	VANEGAR, LUCIO ANIBAL		NAME	
STREET ADDRESS	1140 NE 163 ST., #20		STREET ADDRESS	17335 NW 67PL # 14D
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP	Hialeah FL 33015
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: _____ 4/27/07 305 467 8937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #