

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000105975

1. Entity Name
JUANITO MATANZAS IMPORT & EXPORT CORP.



Principal Place of Business
16231 S.W. 92ND TERRACE
MIAMI, FL 33196

Mailing Address
16231 S.W. 92ND TERRACE
MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90327 036 ***150.00



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0848350	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

ACOSTA, JUAN
16231 S.W. 92ND TERRACE
MIAMI, FL 33196

**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

Juanito Acosta

Signature typed or printed name of registered agent and title if applicable.

4-23-08

DATE

(NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ACOSTA, JUAN
STREET ADDRESS	16231 S.W. 92ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33196

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Juanito Acosta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Date

Daytime Phone #