

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000107865

1. Entity Name
APONTE ENTERPRISES, INC.



Principal Place of Business
7635 NW 27TH AVE
MIAMI, FL 33147

Mailing Address
7635 NW 27TH AVE
MIAMI, FL 33147

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07312008 No Chg-P CR2E034 (11/05)

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4. FEI Number
76-0763634
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APONTE, RENE
820 SW 134 PL
MIAMI, FL 33184

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD APONTE, RENE 820 SW 134 PL MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD APONTE, EDWIN 820 SW 134 PL MIAMI, FL 33184
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000957111
08/04/08-80010-002 550.00

**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 #