


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000019931  
 1. Entity Name  
 CANDELARIA, CORP.



Principal Place of Business 3671 NW 100 ST MIAMI, FL 33147	Mailing Address 3671 NW 100 ST MIAMI, FL 33147
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2224409	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GONZALEZ, LEONET G  
 272 E 55 ST  
 HIALEAH, FL 33013

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

000000757930  
 07/10/07-80024-018 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD GONZALEZ, LEONET 3671 NW 100 ST MIAMI, FL 33147
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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 to this address, with all other like empowered.

SIGNATURE:  LEONET GONZALEZ 7/2/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #