

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90081 001 ***550.00
09-04-2007 90081 002 *****8.95

66021729



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0774550 Applied For...
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
% RJS, 201 S BISCAYNE BLVD
1500 MIAMI CENTER
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 resigning)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DVPT
NAME VIDAL, LUIS A
STREET ADDRESS % RJS, 201 S BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33131

TITLE DP
NAME NUNEZ DE VIDAL, MARIA A
STREET ADDRESS % RJS, 201 S BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33131

TITLE DVPS
NAME NUNEZ, ANTONIO E
STREET ADDRESS % RJS, 201 S BISCAYNE BLVD
CITY-ST-ZIP 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:

Maria A. Nunez de Vidal

Maria A. Nunez de Vidal, Pres.

786-232-2676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #