

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072341

FILED
Jun 15, 2009
Secretary of State

Entity Name: WENCHOS INV. INC.

Current Principal Place of Business:

14250 SW 38 STREET
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

14250 SW 38 STREET
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-1107074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS, EDUARDO
14250 SW 38 STREET
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CABANAS, EDUARDO
Address: 14250 SW 38 STREET
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: CABANAS, SARA
Address: 14250 SW 38 STREET
City-St-Zip: MIAMI, FL 33175

Title: P () Delete
Name: GARRANDES, JUAN
Address: 7322 SW 143 AVE
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: GARRANDES, YAMI
Address: 7322 SW 143 AVE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO CABANAS

T

06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date