## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 07, 2008 8:00 am Secretary of State **DOCUMENT # P04000116269** 05-07-2008 90105 010 \*\*\*150.00 CORÓNA ENTERPRISES, CORP. Principal Place of Business Mailing Address 9597 SW 36 ST 9597 SW 36 ST MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 7710 S.W. 131 AVE 3. Mailing Address 7710 S.W・13 1 丹 ve 05022008 CR2E034 (12/06) Applied For Sing State Midm, F1.33/23 4. FEI Number 56-2481008 Not Applicable Country U.U 翌3/8/3 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .\_\_\_ 6. Name and Address of Current Registered Agent Nagre ORONA, MARIA. A Street Address (P.O. Box Number is Not Acceptable) CORONA, MARIA A 9597 SW 36 ST MIAMI, FL 33165 7710 S.W. 13/AUE. 8. The above named entity submits this statement of 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 appet MARIA · A · LORO MA · (NOTE: Registered Agent signature required when reinstating) SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 In accordance with s. 607.193(2)(b), F.S., the Added to Fees Trust Fund Contribution. corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CORONA, MARIA. A. CORONA, MARIA A NAME NAME TIO S.W. 131 AVE. MIAMI. FL 33183 9597 SW 36 ST STREET ADDRESS STREET ADDRESS WEW ADBRESS CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP Delete ☐ Change ☐ Addition CORONA, JORGE A. CORONA, JORGE A NAME NAME 7110 SW. 131 AVE. STREET ADDRESS 9597 SW 36 ST STREET ADDRESS MIA MI -FL: 33183 (NEW ADDRESS) CITY-ST-71P CITY-ST-ZIP MIAMI, FL 33165 IM E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a supplemental to pre-tike empowered. 305-4084639 SIGNATURE:

FILED