

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068299

Entity Name: NORTH MIAMI 709, CORP

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

15045 BISCAYNE BLVD  
MIAMI, FL 33181 US

## New Principal Place of Business:

80 SW 8 ST.  
2038  
MIAMI, FL 33130 US

## Current Mailing Address:

5805 BLUE LAGOON DR  
SUITE 200  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 98-0488092      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC  
5805 BLUE LAGOON DR  
SUITE 200  
MIAMI, FL 33126 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LUCIANI, LUIS  
Address: PARQUE CRISTAL, TORRE OESTE PISO 9  
City-St-Zip: PALOS GRANDES, CARACAS, . VENEZUELA

Title: VP ( ) Delete  
Name: RUMBOS, FLAVIO  
Address: AV.ESTANCIA CCCT TORRE B, PISO 11 OF. 1107  
City-St-Zip: CHUAO,CARACAS, . VENEZUELA

Title: S ( ) Delete  
Name: MORENO, RODOLFO  
Address: CLINICA SANTA SOFIA  
City-St-Zip: PISO 4, #429, CARACAS, . VENEZUELA

## 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:

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: LUIS LUCIANI

DP

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date