

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000078918

1. Entity Name
BANFIELD EAST GROUP, INC.



Principal Place of Business
**201 S.W. 118 AVE.
PLANTATION, FL 33325**

Mailing Address
**201 S.W. 118 AVE.
PLANTATION, FL 33325**



05092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2929698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SALVATORE, CRISTINA
201 S.W.118 AVE.
PLANTATION, FL 33325**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000950976
06/04/08-80014-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALVATORE, CRISTINA
STREET ADDRESS	201 S.W.118 AVE.
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	VP
NAME	SALVATORE, OSVALDO
STREET ADDRESS	201 S.W.118 AVE.
CITY-ST-ZIP	PLANTATION, FL 33325
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-08

Date

954-309-1488

Daytime Phone #