2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 28, 2008 8:00 am Secretary of State

								,	- 05-28-200)8 9001 <i>6</i>	041 ***15	0.00
DOCUMENT # P05000081448 1. Entity Name NOE'S MANUFACTURING OF SOUTH FLORIDA, CORP							40105					
Principal Place of Business Mailing Address								40100				
13320 SW 2 HOMESTEAD		ACE	133	320 SW 254TH T MESTEAD, FL 3:				 	BB:B: Wifil BB(I) BBIN	##/) #\$ #\ 18 #	i 11 8 4 bibli 8798) th i	1881 II CEBL
A Dissert IP	Description of Description	No BO Book	5 14	-11:								
2. Principal Place of Business - No P.O. Box # 10890 SW 186 STREET			13:	3. Mailing Address 13320 SW 254TH TERRACE				} 			410 019 BIBB 10	
Suite, Apt. #, etc. #47			Su	Suite, Apt. #, etc.				04212008	Chg-P	CR2	E034 (12/06)	
City & Stat	le		Cit	y & State				4. FEI Numbe			Ap	plied For
HOMES	TEAD ,	FLORIDA	H	MESTEAD	FTO	ACTES		20-295	3 46		No	t Applicable
Zip		Country	Zip	·	Cour			5. Certificate	of Status Desire	а П	\$8.75 Add	
<u>33157</u>		USA		3032		:A		U. Commodio		<u> </u>	Fee Required	<u> </u>
	6. Name	and Address of Curren	t Registe	red Agent		Γ		7. Name and	Address of Ne	w Registere	d Agent	
						Name						
REYES, MISAEL 13320 SW 254TH TERRACE HOMESTEAD, FL 33157						Street Address (P.O. Box Number is Not Acceptable)						
}		,				ł						
						City				F	Zip Code	e
9 The show	nomad antit	y submits this statement I	for this out	roans of observing	ita sasistas	nd office as		rod seepl or but	h in the Plate o			
	tions of regist		ior the pur	rpose or changing	its register	ea onica or	register	ed agent, or bot	n, in the State o	i Fiorida. Ta	m ramiliar with,	and accept
SIGNATURE.	Vm	or printed hame of registered ager	nt and the if a	Poplicable.	NOTE: Registere	d Agent signatu	re required	When reinstating)	<u>.</u> .	<u>د</u> 40	इ ०४	
		FEE IS \$150.00 8 Fee will be \$550	.00	9. Election Can Trust Fund C				.00 May Be led to Fees	<u>.</u>			
ļ		;										
10.	1.5	OFFICERS AND	D DIRECT		11.			ADDITIONS/	CHANGES TO	OFFICERS A		
NAME STREET ADDRESS CITY-ST-ZIP	P REYES, M 13320 SV MIAMI, FR	254TH TERRACE		🔀 Delete		ı	133	YES, MISA 320 SW 25 AMI, FL 3	4TH TER	RACE	Change	Addition
TILE	VP/S			X Delete	TITL	F					Change	☐ Addition
NAME	REYES, I	NOEMI		X booto	NAM	1		ES, NOE			A summy	
STREET ADDRESS						EET ADDRESS		320 SW 25				
CITY-ST-ZIP		EAD, FL 33157				- ST - ZIP	HON	ESTEAD,	FL 3303	2		
TITLE	1.0201			☐ Delete							Change	Addition
NAME				☐ Deleic	TITL NAA						L_ Change	Mullion
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP	1					-ST-ZIP						
								·				
TITLE				Delete	1111						☐ Change	Addition
NAME					NAA							
STREET ADDRESS CITY-ST-ZIP						eet aodress 7-st-zip						
	 										 _	
TITLE	1			Delete	TITL	-	}				Change	Addition
NAME	1				. NAN							
STREET ADDRESS					STR	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					STR		i	,				
l				Delete	STR	EET ADDRESS Y-ST-ZIP					☐ Change	☐ Addilion
CITY-ST-ZIP				☐ Delete	STR CIT	EET ADDRESS Y-S1-ZIP .E					☐ Change	☐ Addilion
CITY-ST-ZIP				☐ Delete	STR CITY TITE NAM	EET ADDRESS Y-S1-ZIP .E					Change	☐ Addilion

12. I hereby certify that the information supplied with this filling 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: