


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-28-2008 90016 041 \*\*\*150.00

<b>DOCUMENT # P05000081448</b> 1. Entity Name <b>NOE'S MANUFACTURING OF SOUTH FLORIDA, CORP</b>			
Principal Place of Business <b>13320 SW 254TH TERRACE HOMESTEAD, FL 33157</b>		Mailing Address <b>13320 SW 254TH TERRACE HOMESTEAD, FL 33157</b>	
2. Principal Place of Business - No P.O. Box # <b>10890 SW 186 STREET</b> Suite, Apt. #, etc. <b>#47</b>		3. Mailing Address <b>13320 SW 254TH TERRACE</b> Suite, Apt. #, etc.	
City & State <b>HOMESTEAD, FLORIDA</b> Zip <b>33157</b>		City & State <b>HOMESTEAD, FLORIDA</b> Zip <b>33032</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-2953146</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REYES, MISAEAL 13320 SW 254TH TERRACE HOMESTEAD, FL 33157</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <i>Misael Reyes Presidente</i> <span style="float: right;">04/28/08</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME REYES, MISAEAL STREET ADDRESS 13320 SW 254TH TERRACE CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME REYES, MISAEAL STREET ADDRESS 13320 SW 254TH TERRACE CITY-ST-ZIP MIAMI, FL 33032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP/S NAME REYES, NOEMI STREET ADDRESS 13320 SW 254TH TERRACE CITY-ST-ZIP HOMESTEAD, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME REYES, NOEMI STREET ADDRESS 13320 SW 254TH TERRACE CITY-ST-ZIP HOMESTEAD, FL 33032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Misael Reyes Presidente</i>		Date: <i>04/28/08</i> Daytime Phone #: <i>786-229-6206</i>	