


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000088088		
1. Entity Name P.M.E., INC.		
Principal Place of Business 10800 NW 21ST STREET SUITE 130 MIAMI, FL 33172	Mailing Address 10800 NW 21ST STREET SUITE 130 MIAMI, FL 33172	



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3035545	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

FERNANDEZ, MIGUEL
10800 NW 21ST STREET STE 130
MIAMI, FL 33172

**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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, MIGUEL 10800 NW 21ST STREET STE 130 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENDEZ, JOSE A 10800 NW 21ST STREET STE 130 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

Miguel Fernandez 3/31/08

Date

(305) 994 9222

Daytime Phone #