


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P05000125080 1. Entity Name MANUFACTURAS TABERNER, S.A., INC.	
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Principal Place of Business 8518 SW 8TH ST STE 109 MIAMI, FL 33144	Mailing Address 8518 SW 8TH ST STE 109 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3515381	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

ALFONSO, JULIO M
12718 NW 8TH LA
MIAMI, FL 33182

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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, 2007 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	DP ERMINY, ANTONIO J 1620 SW 87 PL MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARDELLA, RICARDO E 1620 SW 87 PL MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ALFONSO, JULIO M 12718 NW 8TH LA MIAMI, FL 33182
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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]* **3-1-07** **305 596 1281**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #