

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000157692**

1. Entity Name  
**TALIANA #2 INC.**



Principal Place of Business  
**16897 NW 67TH AVE.  
MIAMI, FL 33015**

Mailing Address  
**16897 NW 67TH AVE.  
MIAMI, FL 33015**



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3884007**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**VALDES, LEANDRO  
5322 N.W. 110TH AVENUE  
DORAL, FL 33178**

**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**

**U00000943591  
05/29/08-80064-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	VALDES, LEANDRO
STREET ADDRESS	5322 N.W. 110TH AVENUE
CITY- ST- ZIP	DORAL, FL 33178
TITLE	VD
NAME	VALDES, TERESA
STREET ADDRESS	5322 N.W. 110TH AVENUE
CITY- ST- ZIP	DORAL, FL 33178
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

Date

Daytime Phone #

**4/27/2008**