

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000160029

1. Entity Name
EAGLE & WHALE, INC.



Principal Place of Business

7900 NW 27 AVENUE
SUITE 169
MIAMI, FL 33147

Mailing Address

7900 NW 27 AVENUE
SUITE 169
MIAMI, FL 33147



06022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3838242	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, DOLLETT
7900 NW 27 AVENUE
SUITE 169
MIAMI, FL 33147

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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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME KENNEDY, CHRISTOPHER
STREET ADDRESS 12331 NW 11 COURT
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE V
NAME KENNEDY, HURRINE
STREET ADDRESS 12331 NW 11 COURT
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE S
NAME ROBERTS, DOLLETT
STREET ADDRESS 12331 NW 11 COURT
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 another I am empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/02/2008

Date

Daytime Phone #