

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90237 024 ***150.00

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1. Entity Name
OBANDO ZAMORA INVESTMENTS INC



Principal Place of Business

5401 NW 79TH AVE
DORAL, FL 33166

Mailing Address

5401 NW 79TH AVE
DORAL, FL 33166

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5901 SW 6 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33144 MIAMI DADE



05012008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4189988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OBANDO, ALFONSO
5401 NW 79TH AVE
DORAL, FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

5901 SW 6 ST

City

MIAMI

FL

Zip Code

33144

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME OBANDO, ALFONSO
STREET ADDRESS 5401 NW 79TH AVE
CITY-ST-ZIP DORAL, FL 33166

TITLE
NAME
STREET ADDRESS 5901 SW 6 ST
CITY-ST-ZIP MIAMI FL 33144

TITLE VP
NAME ZAMORA, YANETH
STREET ADDRESS 5401 NW 79TH AVE
CITY-ST-ZIP DORAL, FL 33166

TITLE
NAME
STREET ADDRESS 5901 SW 6 ST
CITY-ST-ZIP MIAMI FL 33144

TITLE
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CITY-ST-ZIP

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 #

ALFONSO OBANDO 4-25-08