

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90092 044 ***150.00

DOCUMENT # P06000133588

1. Entity Name
INGELMO & COMPANY INC



Principal Place of Business
**2337 N.W. 5TH AVE
MIAMI, FL 33127**

Mailing Address
**2337 N.W. 5TH AVE
MIAMI, FL 33127**

40003001

2. Principal Place of Business - No P.O. Box #
1551 N.W. 29th ST
Suite, Apt. #, etc.

3. Mailing Address
1551 N.W. 29th ST
Suite, Apt. #, etc.



04212008 Chg-P CR2E034 (12/06)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
20-5757240
Applied For
Not Applicable

Zip
33142
Country
DADE

Zip
33142
Country
DADE

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

6. Name and Address of Current Registered Agent

**SANCHELIMA & ASSOCIATES, P.A.
235 S.W. LEJUNE ROAD
MIAMI, FL 33134**

7. Name and Address of New Registered Agent

Name
CRISTOBAL INGELMO

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

1551 N.W. 29th ST

City
MIAMI FL Zip Code
33142

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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGELMO, CRISTOBAL	NAME	
STREET ADDRESS	2337 NW 5TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGELMO, ALEJANDRO	NAME	
STREET ADDRESS	2337 NW 5TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #