

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

08 APR 28 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JM 7.08



07232008 Chg-P CR2E034 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

TORRES, GISELA N ESQ  
15327 N.W. 60TH AVE.  
215  
MIAMI LAKES, FLORIDA, FL 33014

## 7. Name and Address of New Registered Agent

Name  
Garriga, Mariela  
Street Address (P.O. Box Number is Not Acceptable)  
1182 NW 127 Ct.  
City Miami FL Zip Code 33182

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 \_\_\_\_\_ DATE July 24, 2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE DP  
NAME GARRIGA, MARIELA DP ☐ Delete  
STREET ADDRESS 1182 NW 127TH CT  
CITY-ST-ZIP MIAMI, FL 33182

TITLE DST  
NAME MARTINEZ, IBETH DST ☒ Delete  
STREET ADDRESS 15235 S. W. 31 STREET  
CITY-ST-ZIP MIAMI,, FL 33185

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S/T  
NAME Garriga, Mariela ☒ Change ☒ Addition  
STREET ADDRESS 1182 NW 127 Ct.  
CITY-ST-ZIP Miami, FL 33182

TITLE  
NAME 700133812007 ☐ Change ☐ Addition  
STREET ADDRESS 07/31/08-01016-002 \*\*\$61.25  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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

7/24/08

Date

305-300-9316

Daytime Phone #