

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-08-2008 90033 026 ***150.00

DOCUMENT # P07000005206					
1. Entity Name STRAP & SLING CORP.					
Principal Place of Business 16900 NORTHWEST 78TH AVENUE MIAMI LAKES FL 33016			Mailing Address 16900 NORTHWEST 78TH AVENUE MIAMI LAKES FL 33016		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. PER Number 20-8319529	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145			7. Name and Address of New Registered Agent Name HECTOR A MOYA Street Address (P.O. Box Number is Not Acceptable) 16900 NW 78TH AVE City Miami LAKES FL 33016		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Hector A Moya</u> DATE <u>1/30/08</u> Signature, typed or printed name of registered agent and date of filing. (NOTE: Registered Agent Signature is required when necessary.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOYA, HECTOR A 16900 NORTHWEST 78TH AVENUE MIAMI LAKES FL 33016	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOYA, DIANE N 16900 NORTHWEST 78TH AVENUE MIAMI LAKES FL 33016	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Hector A Moya</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <u>1/30/08</u> (305) <u>949-9424</u> Date Registered Professional	