2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P07000051333

Entity Name: HACIENDA EL TINAJON INC.

Current Principal Place of Business:

6917 COLLINS AVE APT 910
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

PO BOX 44-0707
MIAMI, FL 33144

New Mailing Address:

FEI Number: 41-2235342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOSA-AROSTHIQUE, HAYDEE
6917 COLLINS AVE APT 910
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOSA-AROSTHIGUE, HAYDEE
Address: 6917 COLLINS AVE APT 910
City-St-Zip: MIAMI BEACH, FL 33141

Title: V ( ) Delete
Name: SALAZAR, JAMES
Address: 6917 COLLINS AVE APT 910
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Delete
Name: MARTINEZ, YAMILET
Address: 6917 COLLINS AVE APT 910
City-St-Zip: MIAMI BEACH, FL 33141

Title: T ( ) Delete
Name: MARTINEZ, HAYDEE
Address: 6917 COLLINS AVE APT 910
City-St-Zip: MIAMI BEACH, FL 33141

Title: T ( ) Delete
Name: BORROTO, ADALBERTO JR
Address: 6917 COLLINS AVE APT 910
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAYDEE SOSA_AROSTHIGUE DIRE 04/23/2008

Electronic Signature of Signing Officer or Director Date