2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 28, 2008 8:00 am Secretary of State 04-07-2008 90027 013 ***150.00

| DOCUMENT # P07000053841 1. Entity Name NURY ENAMORADO P.A. | | | | | | | | | | | 0-1- | O / -2· | 000 | J002 | 7 013 | 130 | ,.00 | |
|--|---|---|-----------------|-------------------------------------|--------------|--------------------|---------|----------|-----------|----------|-----------|----------|-----------------------|-------------------|---------------|---------|---------|--|
| Principal Place of Business | | | | laiting Address | | | | | | | | | | | | | | |
| 234 NE 3RD STREET | | | | 234 NE 3RD STREET | | | | | 66008223 | | | | | | | | | |
| APT. 308 MIAMI, FL 33132 | | | | APT. 308 MIAMI, FL 33132 | | | | 00000000 | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | | | | | | | | | | | | |
| Suite, Apt. 4, etc. | | | | Suite, Apt. #, atc. | | | | | * 1440.50 | | - 18611 6 | | | | | | IABI | |
| City & State | | | | City & State | | | | 22008 | | Chg | -P | 11. | CHZEC |)34 (12/05) - | pplied | For | | |
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| Zíp | Country | | | Zip Cour | | ıtry | 5. C | entifica | te of S | Status | Desired | t | | \$8.75 Ac | |) | | |
| 5. Name and Address of Current R | | | | stered Agent | | Name | | 7. N | ame.g | nd Ad | dress | of Nev | v Reg | istered | Agent | | | |
| ENAMORADO, NURY | | | | | | Street Addr | -ace /5 | O B | ox Nue | shor is | Not 6 | ccenta | bla) | | | | | |
| 234 NE 3RD STREET APT. 308 | | | | | | 3.100174001 | 033 (1 | .0. 6 | | 10-61 13 | | ccepia | | . | | | | |
| MIAMI, FL 33132 | | | | | | | | | | | | | | -, - - | | | | |
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| 8. The above the obligat | named entitions of regist | ty submits this statement tered agent. | t for the p | purpose of changing its | register | ed office or reg | gistere | ega be | ont, or t | ooth, i | n the S | itate of | Florid | a. Iam | familiar with | , and a | ccept | |
| SIGNATURE. | Classica boss | | | | | | | | | | | | _ | | | | | |
| - | | N printed name of registered ag | MAK NOWS TIME | 100 | E: Pagistare | d Agent agnabre re | HQLH93 | WINES IN | retaing) | <u> </u> | | | | DATE | | | | |
| | | FEE IS \$150.00 8 Fee will be \$55 | 0.00 | 9. Election Campa Trust Fund Con | | ncing 🛄 | | DO Mi | | | | | | | | | | |
| 10. | | OFFICERS AN | ND DIRE | CTORS | 11. | | | ADC | NOITIC | S/CH | ANGE | S TO 0 | FFICE | RS AND | DIRECTOR | S IN 1 | 一 | |
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| O11-51-2P | MIAMI, FL 33132 | | | | CITY | - ST - ZIP | | | | | | | | | | | 1 | |
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| CDY+ST-ZIP | | | | | CITY | -51-218 | | | | | | | | | | | | |
| 12. I hereby certify that the information supplies with this filling 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 trusker appropried to execute this report as sequired 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 principles empowered. | | | | | | | | | | | | | tion ctor 11 if | | | | | |
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| SIGNAT | SIGNATURE: 1000 (1000000) 4 2 00 00 5 / 19090 | | | | | | | | | | | | \mathcal{L} | | | | | |