

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90109 014 ***150.00

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1. Entity Name
CUPIDO ENTERPRISES, CORP.



Principal Place of Business
11001 SW 40TH ST.
MIAMI, FL 33165

Mailing Address
11001 SW 40TH ST.
MIAMI, FL 33165



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008 Chg-P CR2E034 (12/06)

4. FEI Number
51-0644678

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YENG, TEDDY M.
11001 SW 40TH ST.
MIAMI, FL 33165

Name **TEDDY MANRIQUE - YENG**
Street Address (P.O. Box Number is Not Acceptable)
11001 SW 40TH STREET
City **MIAMI - FL** FL Zip Code **33165**

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 PD
NAME **YENG, TEDDY M.** ☐ Delete
STREET ADDRESS **2710 SW 113TH CT.**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE PD
NAME **TEDDY MANRIQUE - YENG** ☒ Change ☐ Addition
STREET ADDRESS **2710 SW 113TH COURT.**
CITY-ST-ZIP **MIAMI - FL 33165**

TITLE SD
NAME **MANRIQUE, TEDDY JR.** ☐ Delete
STREET ADDRESS **2710 SW 113TH CT.**
CITY-ST-ZIP **MIAMI, FL 33165**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TEDDY MANRIQUE - YENG - 4/18/08

Date

Daytime Phone #

205
227-7167