

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121239

FILED
Sep 12, 2008
Secretary of State

Entity Name: FLORIDA MUTUAL TAX RELIEF & CO., INC.

Current Principal Place of Business:

11420 N KENDALL DRIVE STE 106
MIAMI, FL 33176

New Principal Place of Business:

8249 NW 36 STREET
106
MIAMI, FL 33166 US

Current Mailing Address:

11420 N KENDALL DRIVE STE 106
MIAMI, FL 33176

New Mailing Address:

8249 NW 36 STREET
106
MIAMI, FL 33166 US

FEI Number: 74-3250511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, HERNAN A
11420 N KENDALL DRIVE STE 106
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

FERNANDEZ, HERNAN A
8249 NW 36 STREET
SUITE 106
MIAMI, FL 33166 US

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: HERNAN A FERNANDEZ

09/12/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAGOAGA, GUSTAVO A
Address: 11420 N KENDALL DRIVE STE 106
City-St-Zip: MIAMI, FL 33176

Title: VPD () Delete
Name: PERDOMO, FEDERICO A
Address: 11420 N KENDALL DRIVE STE 106
City-St-Zip: MIAMI, FL 33176

Title: VPDT (X) Delete
Name: FERNANDEZ, HERNAN A
Address: 11420 N KENDALL DRIVE STE 106
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAGOAGA, GUSTAVO A
Address: 8249 NW 36 STREET SUITE 106
City-St-Zip: MIAMI, FL 33166 US

Title: VPD (X) Change () Addition
Name: FERNANDEZ, HERNAN A
Address: 8249 NW 36 STREET SUITE 106
City-St-Zip: MIAMI, FL 33166 US

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: GUSTAVO A PAGOAGA

PD

09/12/2008

Electronic Signature of Signing Officer or Director

Date