


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

01-30-2008 90041 009 ***550.00
P93000010573

DOCUMENT # P93000010573
1. Entity Name
8500 HOLDING COMPANY



FILED
08 MAR 11 AM 11:57

Principal Place of Business
**8500 SW 54TH AVENUE
MIAMI FL 33143**

Mailing Address
**C/O EL MERCURIO
39 LEWIS STREET 4TH FLOOR
GREENWICH CT 06830**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

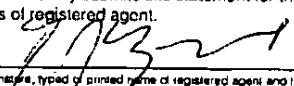
3. Mailing Address
**1133 N. University Dr.
Suite 208
Plantation, FL
33324**
Country
USA

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent
**ALVAREZ-FARRE, EMILIO J
C/O WHITE & CASE
200 S BISCAYNE BLVD SUITE 4900
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
REINSTATEMENT 67-08
City
FL Zip Code

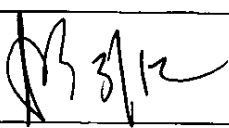
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS: \$150.00
After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD EDWARDS E., AGUSTIN E 8500 S W 54TH AVENUE MIAMI FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SUERO, JOSE CARLOS 39 LEWIS STREET, 4TH FLOOR GREENWICH CT 06830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900121254089 03/25/08--01056--010 **350.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SUERO, JOSE CARLOS 1133 South University Dr, Suite 208 Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **10-4-07 954.236.5430**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6327
Toll: 22244