2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000062377

1. Entity Name

HORIZON CONTRACTORS, INC.



FILED Jan 14, 2008 08:00 AN Secretary of State

Principal Place of Business

8175 W 32ND AVE

STE 1

HIALEAH, FL 33018

Mailing Address

8175 W 32ND AVE

HIALEAH, FL 33018



01092008 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0434021

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SANCHEZ, JOSE M 8175 W 32ND AVE STE 1 HIALEAH, FL 33018

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent. $% \label{eq:constraint} % \begin{submit the problem} \end{submit the problem} % \be$	ourpose of changing its registered o	office or o	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typind or printed name of registered agent and life	rapplicable (NOTE Registered Ag	ent signaturi	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	Р				
NAME	SANCHEZ, JOSÉ M				
STREET ADDRESS	8175 W 32ND AVE				
CITY-ST-ZIP	HIALEAH, FL 33018				
TITLE	VP				
NAME	SANCHEZ III, JOSE M	i			
STREET ADDRESS	8175 W. 32ND AVE				H00000791466
CITY-ST-ZIP	HIALEAH, FL 33018				U00000781466 01/15/08-80035-025 150.00
TITLE					01, 10,00 00000 000 100:00
NAME					
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12. I hereby certify that the information supplied 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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jose 4 SANCHEZ, Ples 1/9/

305-828 3057 Daytime Phone #