

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000002278

1. Entity Name
LINDA INTERNATIONAL PUBLISHING, INC.



Principal Place of Business
12182 SW 128 ST
MIAMI, FL 33186

Mailing Address
9830 SW 125TH AVENUE
MIAMI, FL 33186



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0458265

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPELLO, UGO R
9830 SW 125 AVE
MIAMI, FL 33186

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IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000623486
02/13/07-80067-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPELLO, UGO R 9830 SW 125 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPELLO, VALERIA 9830 SW 125 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINO, JOSE A 13359 SW 117TH LN MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINO, MARGARITA 13359 SW 117TH LN MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Valeria Campello VALERIA CAMPELLO

1/3/07