## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P96000042376** 

1. Entity Name

STEFAN'S INTERNATIONAL REAL ESTATE

CORPORATION

**FILED** Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business

2903 SALZEDO STREET MIAMI, FL 33134

Mailing Address

2903 SALZEDO STREET MIAMI, FL 33134



DO NOT WRITE IN THIS SPACE

01112008 No Cha-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0675907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

MARRERO, JULIO C 2903 SALZEDO ST.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CORAL G	ABLES, FL 33134			IN TH	IIS SPA	ACE	
	named entity submits this statement for the priors of registered agent.	urpose of changing its registe	red office or registered ac	gent, or both, in	the State of Florid	la. I am famillar v	rith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Register	red Agent Highature required when	reinstating)	7 p	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution			· -		
10.	OFFICERS AND DIREC	TORS			Table 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARRERO, ROSA 2903 SALZEDO STREET CORAL GABLES, FL 33134						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MARRERO, FRANK 2903 SALZEDO STREET CORAL GABLES, FL 33134				100000079 1725/08-80	13445	50.000 50.000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANDRIAN, FRANK 2903 SALZEDO STREET CORAL GABLES, FL 33134			DO N	OT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPA	<b>NCE</b>	
TITLE RAME 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 RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #