

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000089152.

1. Entity Name
READY PALLETS, INC.



FILED
Jul 17, 2008 08:00 AM
Secretary of State

Principal Place of Business
25475 SW 139 AVENUE
HOMESTEAD, FL 33032

Mailing Address
P.O. BOX 924124
PRINCETON, FL 33092



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0703734

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, GILBERTO
14179 SW 165 ST
MIAMI, FL 33177

**DO NOT WRITE
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

U00000955503
07/17/08-80007-020 150.00

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RODRIGUEZ, GILBERTO
14179 SW 165 ST
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
REYES, ALFONSO
930 NW 133 AVE.
MIAMI, FL 33182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
REYES, DAYSI
930 NW 133 AVE.
MIAMI, FL 33182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
RODRIGUEZ, CASTA
14179 SW 165 ST
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 included 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 #