

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P96000101965

1. Entity Name  
FRESNO 705, INC.



Principal Place of Business  
1110 BRICKELL AVE  
SUITE 402  
MIAMI, FL 33131 US

Mailing Address  
1110 BRICKELL AVE  
SUITE 402  
MIAMI, FL 33131 US



02292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0729694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GUILLERMO, REINA  
1110 BRICKELL AVE  
SUITE 402  
MIAMI, FL 33131

**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.

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	REINA, GUILLERMO
STREET ADDRESS	1110 BRICKELL AVE SUITE 402
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	REINA, NANCY
STREET ADDRESS	1110 BRICKELL AVE SUITE 402
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Nancy Reina* 2/29/08 - 305-3712676 ext 114