

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000006042

1. Entry Name
EL TRIUNFO FASHIONS, INC.



Principal Place of Business
**7114 CORTA CALLE DR
HOUSTON, TX 77083**

Mailing Address
**7114 CORTA CALLE DR
HOUSTON, TX 77083**



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0727367

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NUNEZ, MARDO A
8025 N.W. 36TH STREET
SUITE 302
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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**

**U00000871349
04/09/08-80127-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NUNEZ, CARLOS
STREET ADDRESS	7114 CORTA CALLE DR
CITY- ST- ZIP	HOUSTON, TX 77083
TITLE	VPD
NAME	NUNEZ, MARDO A
STREET ADDRESS	7114 CORTA CALLE DR
CITY- ST- ZIP	HOUSTON, TX 77083
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 all other like empowered

SIGNATURE:

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08

Date

Daytime Phone #