

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000026298

1. Entity Name

EL TITAN DE BRONZE CORP.



Principal Place of Business

1071 SW 8TH ST.
MIAMI FL 33130
US

Mailing Address

1071 SW 8TH ST.
MIAMI FL 33130
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0736559**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 location. Required when changing agent

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME COBAS, CARLOS
STREET ADDRESS 9241 SW 11TH STREET
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD ☐ Delete
NAME COBAS, SANDRA
STREET ADDRESS 9241 SW 11TH STREET
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Change ☐ Addition
NAME 0000000829424
STREET ADDRESS 02/26/08-80041-016 150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 true empowered.

SIGNATURE:

Sandra Cobas SANDRA COBAS

2/1/08 305-860-1412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Use

Do not leave blank