

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000047089

1. Entity Name

FOLDES FINANCIAL MANAGEMENT, INC.



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

Principal Place of Business

11401 SW 68 COURT MIAMI, FL 33156 Mailing Address

11401 SW 68 COURT MIAMI, FL 33156



DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2

CR2E034 (11/05)

4. FEI Number 65-0755342

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOLDES, STEVEN 11401 SW 68 COURT MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the ρ tions of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered A	gent signature	required when rainstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLDES, STEVEN 11401 SW 68 COURT MIAMI, FL 33156				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000787637 01/18/08-80007-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					· · .

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 githerlike empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PONATURE AND TYPES OF REINITED NAME OF RICHING OFFICES OF DIRECTO

14/08 305-670-054