## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000060400**

1. Entity Name FAMILY & SON, INC.



FILED Mar 06, 2008 08:00 AN Secretary of State

Principal Place of Business

2140 N.W. 23RD STREET MIAMI, FL 33142 Mailing Address

P.O. BOX 420 364 MIAMI, FL 33242



02222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0767786 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ANGULO, CLAUDIO 2140 N.W. 23RD STREET MIAMI, FL 33142

## DO NOT WRITE IN THIS SPACE

, , , , , , , , , , , , , , , , , , ,	33 142				IHIS 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 A			d Agent signature	required when reinstating)	DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE	PSTD					
NAME STREET ADDRESS	ANGULO, CLAUDIO R 2140 N,W. 23RD STREET					
CITY-ST-ZIP	MIAMI, FL 33142					
TITLE	mr and, r C 001.12				1100000849187	
NAME			建模型。		03/24/08-80011-006-150-00	
STREET ADDRESS				Hirabanda i		
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS				DO	NOT WRITE	
CHY-SI-ZIP				lka kirabibah, yangsak	16 1846 - 1244 [1942] 14: 14: 14: 14: 14: 14: 14: 14: 14: 14:	
TITLE NAME			i i di la	(† 1881 IN	THIS SPACE	
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS		•				
CITY-ST-ZIP				被称: it Yers		
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP	and the information of making with the	iling door not qualify for the ave		htt. (syfright) fill hyller is	Q Florida Statutes   Eurther certify that the information	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I furfiner 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 AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08 /30r) 634-1990