

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90146 045 ***150.00

40000000



01182008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0785985** ☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL J
4801 S UNIVERSITY DR, STE 3000
DAVIE, FL 33328

7. Name and Address of New Registered Agent

Ne **ALLUPAY SERVICES CORP.**
St **1776 N. Pine Island Rd.**
Suite 216
Ci **Plantation, FL 33322**
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 signature required when reinstating)

DATE

3-17-08

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	<input type="checkbox"/> Delete
NAME	YIBIRIN, BERNARDO	
STREET ADDRESS	6582 N. STATE RD 7	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	YIBIRIN, MARIA	
STREET ADDRESS	6582 N. STATE RD 7	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	YIBIRIN, SERGIO	
STREET ADDRESS	6582 N. STATE RD 7	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	YIBIRIN, GINETH M	
STREET ADDRESS	6582 N. STATE RD 7	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information submitted 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

954-574-9698

Daytime Phone *