

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P97000099783

1. Entity Name

TERRANOVA INVESTMENTS OF MIAMI, INC.



Principal Place of Business

3720 S.W. 129TH AVENUE
MIAMI, FL 33175

Mailing Address

7360 CORAL WAY
SUITE 21
MIAMI, FL 33155



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0799080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORONADO, RAMONA
7360 CORAL WAY
SUITE 21
MIAMI, FL 33155

**DO NOT WRITE
IN THIS 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 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

U00000860571
04/02/08-80068-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MENDEZ, PURA M
STREET ADDRESS 3720 S.W. 129TH AVENUE
CITY-ST-ZIP MIAMI, FL 33175

TITLE VD
NAME MENDEZ, NELSON E
STREET ADDRESS 14748 MILLER DR. STE 281
CITY-ST-ZIP MIAMI, FL 33185

TITLE SD
NAME MENDEZ, PURA M
STREET ADDRESS 3720 S.W. 129TH AVE
CITY-ST-ZIP MIAMI, FL 33175

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/08 (305) 267-1092