2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000026489

1. Entity Name
MIAMI FOLIAGE FORWARDERS, INC.

FILED
Sep 03, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
7792 NW 71ST STREET MEDLEY, FL 33166	7792 NW 71ST STREET MEDLEY, FL 33166

09022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0820822
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, STEVEN
16327 MARIPOSE CIRCLE
PEMBROKE PINES, FL 33311

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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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GONZALEZ, STEVEN
STREET ADDRESS	16327 MARIPOSA CIRCLE,
CITY-ST-ZIP	PEMBROKE PINES, FL 33311
TITLE	V
NAME	GONZALEZ, LAZARA
STREET ADDRESS	16327 MARPOSE CIRCLE
CITY-ST-ZIP	PEMBROKE PINES, FL 33311
TITLE	S
NAME	VAZQUEZ, RENATO L
STREET ADDRESS	7230 NW 77TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/03/08-80008-004 158.75

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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: _____ 9/2/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #