

FILED
Apr 19, 2007 8:00 am
Secretary of State

DOCUMENT # P99000005168



Mailing Address
17901 N.W. 132ND AVENUE
HIALEAH, FL 33018

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

04032007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0888580

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ-RUBIO, RAFAEL
17901 N.W. 132ND AVENUE
HIALEAH, FL 33018

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ-RUBIO, RAFAEL	
STREET ADDRESS	17902 NW 102ND AVE	
CITY - ST - ZIP	HIALEAH, FL 33018	

TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ-RUBIO, MARIA	
STREET ADDRESS	17901 NW 102ND AVE	
CITY-ST-ZIP	HIALEAH, FL 33018	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GONGORA, ISABEL	
STREET ADDRESS	412 S.W. 103RD AVE.	
CITY - ST - ZIP	SWEETWATER, FL 33174	

TITLE	TD	<input type="checkbox"/> Delete
NAME	GONGORA, JOSE H	
STREET ADDRESS	412 S.W. 103RD AVE.	
CITY-ST- ZIP	SWEETWATER, FL 33174	

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

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

TITLE ☐ Change ☐ 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
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
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 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 # _____