


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90060 014 \*\*\*150.00

<b>DOCUMENT # P99000023087</b> 1. Entity Name <b>CUPIDO CORPORATION</b>					
Principal Place of Business <b>11001 S.W. 40TH STREET</b> <b>MIAMI, FL <del>33165</del> US</b>			Mailing Address <del>PO BOX 651087</del> <del>MIAMI FL 33165</del> <b>US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>11001 S.W. 40TH STREET</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MIAMI - FL</b>			4. FEI Number <b>65-0908629</b>		
Zip <b>33165</b> Country			Zip <b>33165</b> Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>MANRIQUE, RODRIGO</b> <b>2710 S.W. 113TH COURT</b> <b>MIAMI, FL 33165</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DE MANRIQUE, MARTHA C</b> <b>2710 SW 113TH CT</b> <b>MIAMI, FL 33165</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MANRIQUE, TEDDY SR</b> <b>2710 SW 113TH CT</b> <b>MIAMI, FL 33165</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: <i>X</i> Martha Manrique (ss)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>APR 16 2007</b> <small>Date</small>			
305 227-7167 <small>Daytime Phone #</small>					