

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000023705

1. Entity Name
CLARA M. MADRIGAL INC.



FILED
Aug 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
1666 WEST 31 PLACE
HIALEAH, FL 33012

Mailing Address
1666 WEST 31 PLACE
HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



05212008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0814530

Applied For
Not Applicable

Zip Country

Zip Country

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

CRESPO, ENRIQUE
1666 WEST 31 PLACE
HIALEAH, FL 33012-3445

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CRESPO, ENRIQUE
1666 WEST 31 PLACE
HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
~~08/25/08 800006 **8032 50~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CRESPO, MAYRA
1666 WEST 31 PLACE
HIALEAH, FL 33012 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
U000000958383
08/25/08-80007-001 150.00

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/08 (305) 362-9139
Date Daytime Phone #