

DOCUMENT # P99000056671

1. Entity Name
FLAMENCO, INC.



FILED
Jun 12, 2007 08:00 AM
Secretary of State



Principal Place of Business
8921 S.W. 20TH STREET
MIAMI FL 33135

Mailing Address
8921 S.W. 20TH STREET
MIAMI FL 33135

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0945381

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, JORGE A P.A.
150 ALHAMBRA CIRCLE
SUITE 1240
CORAL GABLES FL 33134

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
LOPEZ, JESUS
8921 S.W. 20TH STREET
MIAMI FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STVP
LOPEZ, CARMEN
8921 S.W. 20TH STREET
MIAMI FL 33165

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06/12/07-80005-004 558.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

CARMEN LOPEZ 6/5/07 786-3578288

Date

Daytime Phone #