



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000092540</b>	
1. Entity Name RELOJESFINOS.COM, INC.	

Principal Place of Business 7905 S.W. 86 ST. APT. 621 MIAMI, FL 33143	Mailing Address 7905 S.W. 86 ST. APT. 621 MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0959651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RIVERA, RAUL F 7905 S.W. 86 ST. APT. 621 MIAMI, FL 33143	<b>DO NOT WRITE IN THIS SPACE</b>
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

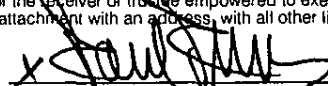
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, RAUL F 7905 S.W. 86 ST. APT. 621 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVERA, JAIME G 7905 S.W. 86 ST. APT. 621 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVERA, RICARDO C 7905 S.W. 86 ST. APT. 621 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERA, JAIME N 7905 S.W. 86 ST. APT. 621 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/14/07-80005-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:**  **Feb 28, 07 (305) 609-3687**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #