## 2008 FOR PRÖFIT CORPORATION ANNUAL REPORT

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FILED Apr 07, 2008 08:00 A Secretary of State

DOCUMENT	<sup>-</sup> # P99000092540
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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



03072008

No Chq-P

CR2E034 (11/05)

4. FEI Number 65-0959651 Applied For Not Applicable

5. Certificate of Status Desired

\$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

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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 little if applicable

(NOTE: Registered Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PΩ TITLE RIVERA, RAUL F NAME STREET ADDRESS 7905 S.W. 86 ST. APT. 621 MIAMI, FL 33143 CITY-ST-ZIP VD TITLE RIVERA, JAIME G NAME 7905 S.W. 86 ST. APT. 621 STREET ADDRESS MIAMI, FL 33143 CITY-ST-ZIP SD TITLE RIVERA, RICARDO C NAME STREET ADDRESS 7905 S.W. 86 ST. APT. 621 CITY-ST-ZIP MIAMI, FL 33143 RIVERA, JAIME N NAME STREET ADDRESS 7905 S.W. 86 ST. APT. 621 CITY-ST-ZIP MIAMI, FL 33143 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000883339 04/16/08-80076-015 150.00

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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 on an address with all other like empowered.

SIGNATURE:

CITY-ST-7IP

SIGNATURE ARE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

xApril 5,08 + 305-609-3687