

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90070 027 ***150.00

DOCUMENT # P99000100343



1. Entity Name
SEMPER FI ENTERPRISES, INC.

Principal Place of Business
14500 S.W. 182 AVE.
MIAMI FL 33196

Mailing Address
14500 S.W. 182 AVE.
MIAMI FL 33196



2. Principal Place of Business - No P.O. Box #
7436 Bob O'Link Way
Suite, Apt. #, etc.

3. Mailing Address
7436 Bob O'Link Way
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
PORT ST. LUCIE, FL
Zip
34986
Country
US

City & State
PORT ST. LUCIE, FL
Zip
34986
Country

4. FEI Number **65-0965850**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUTIERREZ, MARGARITA
4501 S.W. 102ND PLACE
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7436 Bob O'Link Way
City **PORT ST. LUCIE** FL Zip Code **34986**

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]*

DATE **3/19/07**

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

TITLE	VDT	<input type="checkbox"/> Delete
NAME	GUTIERREZ, MARGARITA	
STREET ADDRESS	4501 S.W. 102ND PLACE	
CITY ST-ZIP	MIAMI FL 33165	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ROBERTO	
STREET ADDRESS	4501 SW 102 PLACE	
CITY ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARITA GUTIERREZ	
STREET ADDRESS	7436 Bob O'Link Way	
CITY ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTO GUTIERREZ	
STREET ADDRESS	7436 Bob O'Link Way	
CITY ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST-ZIP		

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 life empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/19/07** 305 345-0735
Daytime Phone #