

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100343

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SEMPER FI ENTERPRISES, INC.

## Current Principal Place of Business:

7436 BOB O'LINK WAY  
PORT SAINT LUCIE, FL 34986

## New Principal Place of Business:

## Current Mailing Address:

7436 BOB O'LINK WAY  
PORT SAINT LUCIE, FL 34986

## New Mailing Address:

FEI Number: 65-0965850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUTIERREZ, MARGARITA  
7436 BOB O'LINK WAY  
PORT SAINT LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VDT ( ) Delete  
Name: GUTIERREZ, MARGARITA  
Address: 7436 BOB O'LINK WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PD ( ) Delete  
Name: GUTIERREZ, ROBERTO  
Address: 7436 BOB O'LINK WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: GUTIERREZ, ROBERTO J  
Address: 7416 BOB O LINK WAY  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARITA GUTIERREZ

PD

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date