

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S18734

FILED
Feb 15, 2008
Secretary of State

Entity Name: REMIOR INDUSTRIES, INC.

Current Principal Place of Business:

9165 N.W. 96TH STREET
MEDLEY, FL 331781407

New Principal Place of Business:

Current Mailing Address:

9165 N.W. 96TH STREET
MEDLEY, FL 331781407

New Mailing Address:

FEI Number: 65-0240294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REMIOR, LAZARO R
9165 SW 96 ST.
MIAMI, FL 33178 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: PDC () Delete
Name: REMIOR, LAZARO R
Address: 9165 N.W. 96 STREET
City-St-Zip: MEDLEY, FL 33178

Title: SVD () Delete
Name: REMIOR, MARTA L
Address: 9165 N.W. 96 STREET
City-St-Zip: MEDLEY, FL 33178

Title: VD () Delete
Name: ROBLES, FELIX J
Address: 9165 N.W. 96 STREET
City-St-Zip: MEDLEY, FL 33178

Title: TVD () Delete
Name: REMIOR, EMILIO
Address: 9165 N.W. 96 STREET
City-St-Zip: MEDLEY, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARTA L. REMIOR

SVD

02/15/2008

Electronic Signature of Signing Officer or Director

_____ Date