


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S86437	
1. Entity Name FREPAL CORP.	

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 1751 SW 24 ST MIAMI, FL 33145	Mailing Address 1751 SW 24 ST MIAMI, FL 33145
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07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0297799	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  REIMONDEZ, JOSE 1751 SW 24TH ST. MIAMI, FL 33145
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

U00000958776  
09/03/08-80002-011 150.00

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIMONDEZ, JOSE 1751 SW 24TH ST. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD REIMONDEZ, LILLIAN 1751 SW 24TH ST. MIAMI, FL 33145
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**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 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 like empowered.

SIGNATURE: *Jose Reimondez* 08.29.08 (305)8853958

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