

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 649530

1. Entity Name
 "S" CORPORATION



Principal Place of Business
 3912 SW 8 STREET
 CORAL GABLES, FL 33134 US

Mailing Address
 PO BOX 141275
 CORAL GABLES, FL 33114 US



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1957032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JUSTO F
 3912 SW 8 STREET
 CORAL GABLES, FL 33134

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANCHEZ, JUSTO F
STREET ADDRESS	216 CAMPINA CT.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	SANCHEZ, JUSTO J
STREET ADDRESS	8955 COLLINS AVE. # 115
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	PCM
NAME	SANCHEZ, LOURDES B
STREET ADDRESS	66 CAMPINA COURT
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VTD
NAME	LEONOR, RUA
STREET ADDRESS	216 CAMPINA CT.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/02/08-80034-013 150.00

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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 with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A/30/08 *305 AAA-8611*
 Date Daytime Phone #