

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 513543

1. Entity Name
RENCE INVESTMENTS INC.

Principal Place of Business
% K.M. LANCASTER
50 W. MASHTA DRIVE, SUITE 6
KEY BISCAYNE, FL 33149

Mailing Address
% K.M. LANCASTER
50 W. MASHTA DRIVE, SUITE 6
KEY BISCAYNE, FL 33149



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1710535

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANCASTER, KENNETH M., C.P.A.
50 WEST MASHTA DR., SUITE 6
KEY BISCAYNE, FL 33149

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME LOSADA, JOAQUIN
STREET ADDRESS 210 SEAVIEW DRIVE
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE VP
NAME FINA, JOAQUIN L
STREET ADDRESS 210 SEAVIEW DRIVE
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ST
NAME FINA, PAULA L
STREET ADDRESS 210 SEAVIEW DRIVE
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

JOAQUIN LOSADA, PRESIDENT

Date

Daytime Phone #