

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90161 022 ***150.00

DOCUMENT # P00000112901

1. Entity Name
1307 INC.



Principal Place of Business
7925 NW 12TH STREET SUITE 318
MIAMI, FL 33126

Mailing Address
7925 NW 12TH STREET SUITE 318
MIAMI, FL 33126

2. Principal Place of Business
7925 NW 12TH STREET

3. Mailing Address
7925 NW 12TH STREET

Suite, Apt. #, etc.
SUITE 407

Suite, Apt. #, etc.
SUITE 407

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip Country
33126 USA

Zip Country
33126 USA

04142004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1060614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARDALE, TERRY ALLEN
7925 NW 12TH STREET SUITE 318
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
TERRY ALEEN ARDALE
Street Address (P.O. Box Number is Not Acceptable)
7925 NW 12TH STREET SUITE 407
City MIAMI FL Zip Code 33126

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)

4/26/04
DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME PSTD ARDALE, TERRY ALLEN ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 7925 NW 12TH STREET SUITE 318
MIAMI, FL 33126

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSTD ARDALE, TERRY ALLEN ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 7925 NW 12TH STREET, SUITE 407
MIAMI, FL 33126

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

4/26/04
Date

Daytime Phone #