

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90023 025 ***150.00

DOCUMENT # P02000050096 1. Entity Name URBANIA COMPANY					
Principal Place of Business 799 CRANDON BLVD. UNIT 208 KEY BISCAYNE, FL 33149			Mailing Address 799 CRANDON BLVD. UNIT 208 KEY BISCAYNE, FL 33149		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number APPLIED FOR 52-240-1644	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRITO, LEONARDO F ESQ 1001 BRICKELL BAY DRIVE SUITE 2112 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name PATRICIO CAMPANI Street Address (P.O. Box Number is Not Acceptable) 799 CRANDON BLVD, AP 208 City KEY BISCAYNE FL Zip Code 33149	
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 PATRICIO CAMPANI DIRECTOR July 18th, 2004 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MOCHE, MARIA SUSANA 799 CRANDON BLVD., UNIT 208 KEY BISCAYNE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition PATRICIO CAMPANI ☐ Change ☒ Addition 799 CRANDON BLVD, UNIT 208 KEY BISCAYNE, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: PATRICIO CAMPANI July 18th, 2004 (305) 505-4019 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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07082004 Chg-P CR2E034 (10/03)

4. FEI Number **52-240-1644** ☒ Applied For ☐ Not Applicable

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MOCHE, MARIA SUSANA	
STREET ADDRESS	799 CRANDON BLVD., UNIT 208	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	PATRICIO CAMPANI ☐ Change ☒ Addition	
STREET ADDRESS	799 CRANDON BLVD, UNIT 208	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	

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:

PATRICIO CAMPANI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 18th, 2004 **(305) 505-4019**
Date Daytime Phone #