

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91243 014 ***150.00

DOCUMENT # P02000099067

1. Entity Name
NORMANDY ISLES III, INC.



Principal Place of Business
**1295 N.W. 14TH STREET
SUITE F
MIAMI, FL 33125**

Mailing Address
**1295 N.W. 14TH STREET
SUITE F
MIAMI, FL 33125**

24067387



2. Principal Place of Business
258 NE 27 ST
Suite, Apt. #, etc.

3. Mailing Address
258 NE 27 ST
Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State
MIAMI FL
Zip
33137 Country

City & State
MIAMI FL 331
Zip
33137 Country

4. FEI Number
02-0680081 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, PEDRO A
1295 N.W. 14TH STREET
SUITE F
MIAMI, FL 33125**
**258 NE 27 ST
MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	RODRIGUEZ, GLADYS G	1295 N.W. 14TH STREET	MIAMI, FL 33125	<input type="checkbox"/>
D	RODRIGUEZ, PEDRO D	1295 N.W. 14TH STREET	MIAMI, FL 33125	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: G. B. GRANDA RODRIGUEZ **4/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #