

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048892

1. Entity Name
PEOPLE OF AMERICA, CORP.



Principal Place of Business
3320 SW 87TH AVE
MIAMI, FL 33165

Mailing Address
3320 SW 87TH AVE
MIAMI, FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, CARMEN S
3320 SW 87TH AVE
MIAMI, FL 33165

Name *CARMEN ROSA MORALES*

Street Address (P.O. Box Number is Not Acceptable)

10591 SW 56 TERR

City *MIAMI*

FL

Zip Code *33173*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME D
STREET ADDRESS MORALES, CARMEN S
CITY-ST-ZIP 3320 SW 87TH AVE
MIAMI, FL 33165 ☐ Delete

TITLE
NAME *PRESIDENT*
STREET ADDRESS *CARMEN ROSA MORALES*
CITY-ST-ZIP *10591 SW 56 TERR*
MIAMI, FL 33173 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 APR 27 AM 11:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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05/10/04--01074--023 **150.00

4/22/04