


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/21

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90020 026 \*\*\*150.00

<b>DOCUMENT # P03000088179</b>					
<b>1. Entity Name</b> HITCHING POST BARBECUE MONTANO INC.					
<b>Principal Place of Business</b> 411 WEST 34 PLACE HIALEAH, FL 33012			<b>Mailing Address</b> 411 WEST 34 PLACE HIALEAH, FL 33012		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 86-1077162	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROJAS, AMERICA C 411 WEST 34 PLACE HIALEAH, FL 33012			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>B. 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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when renewing)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD ROJAS, AMERICA C 7947 W. 15 LANE HIALEAH, FL 33014	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	ST ORTEZ, ANITA A 411 WEST 34 PLACE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>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.</b>			<b>SIGNATURE:</b> <u>Amelia Rojas</u> <b>PRESIDENT</b> <u>7-15-04</u> <u>305-887-6012</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		