

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90278 034 ***150.00

DOCUMENT # P99000094238					
1. Entity Name IZNAGA INVESTMENT, INC					
Principal Place of Business 2315 WEST FLAGLER STREET MIAMI, FL 33135			Mailing Address 11255 SW 211 ST MIAMI, FL 33189		
2. Principal Place of Business		3. Mailing Address <i>2315 W. Flagler St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>MIAMI, FL. 33135</i>			
Zip	Country	Zip	Country <i>USA</i>		
6. Name and Address of Current Registered Agent RODRIGUEZ-IZNAGA, CLARA S 2315 WEST FLAGLER STREET MIAMI, FL 33135			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'		
TITLE	PSTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RODRIGUEZ-IZNAGA, CLARA S		NAME		
STREET ADDRESS	2315 WEST FLAGLER STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GARCIA, JOSE E JR		NAME		
STREET ADDRESS	11255 SW 211 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33189		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Clara Rodriguez Iznaga</i>			Date: <i>4/26/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

54045767



04222004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0956657

Applied For
Not Applicable

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