


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # V16819
 1. Entity Name
 421 NW 12TH STREET, INC.



Principal Place of Business: 421 NW 12 ST, HOMESTEAD, FL 33030
 Mailing Address: PO BOX 901450, HOMESTEAD, FL 33090 US

DO NOT WRITE IN THIS SPACE



D1092004 No Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0315007
 Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GUTIERREZ, VICTOR
 421 NW 12 ST
 HOMESTEAD, FL 33030

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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: _____ DATE: _____
Signature of officer or director of registered agent and fee is applicable if FIC. Registered Agent signature required when checked up

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

U00000058686
 02/20/04-80048-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	IPD GUTIERREZ, VICTOR 421 NW 12 ST HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MORENO, FRANCISCO 421 NW 12 ST. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	SD MORENO, FLORENCE S. 421 NW 12 ST HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	TD SANTANA, EDWINA R. 421 NW 12 ST. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: Victor C. Gutierrez - PD - Victor C. Gutierrez - 02-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

phone 305-048-0313