

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90031 008 ***150.00

DOCUMENT # L91530

1. Entity Name

14907 SN CORPORATION



Principal Place of Business

14907 NW 7TH AVENUE
MIAMI FL 33168

Mailing Address

1157 SWEETWATER DR
SPRING VALLEY CA 91977

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

14907 NW 7 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33168

Country

USA

4. FEI Number

65-0206500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, JOSEPH F. ESQ.
250 BIRD ROAD, SUITE #302
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

MARK BILLITZ

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

782 RIO VISTA DRIVE

City

MIAMI SPRINGS

FL

Zip Code

33166

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☒ Delete

NAME WIENER, STEVEN
STREET ADDRESS C.O J. LOPEZ-250 BIRD RD. #302
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE V ☒ Delete

NAME ANDRUS, W H
STREET ADDRESS 250 BIRD RD. #302
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☒ Addition

NAME MARK BILLITZ
STREET ADDRESS 782 RIO VISTA DRIVE
CITY-ST-ZIP MIAMI SPGS FL 33166

TITLE VISIT ☐ Change ☒ Addition

NAME NANCY BILLITZ
STREET ADDRESS 782 RIO VISTA DRIVE
CITY-ST-ZIP MIAMI SPGS FL 33166

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY BILLITZ

Date

3/3/04

Daytime Phone #

305-310-6778