

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90007 018 ***150.00

DOCUMENT # P94000054304

1. Entity Name

AMERICAN LAND REAL ESTATE, INC.



Principal Place of Business

~~15476 NW 77TH CT. #319~~ 15500 NEW BARN Rd
#104
MIAMI LAKES FL ~~33016~~ 33014

Mailing Address

~~15476 NW 77TH CT. #319~~ 15500 NEW BARN Rd
#104
MIAMI LAKES FL ~~33016~~ 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0290413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINA, NIRMA
~~15476 NW 77TH CT. #319~~ 15500 NEW BARN Rd. #104
MIAMI LAKES FL ~~33016~~ 33014

7. Name and Address of New Registered Agent

Name

NIRMA PINA

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

15500 NEW BARN Rd #104

Miami Lakes FL

City

FL

Zip Code 33014

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
NAME PTS
STREET ADDRESS PINA, NIRMA
CITY-ST-ZIP 15476 NW 77TH CT., #319
MIAMI LAKES FL 33016 ☐ Delete

TITLE
NAME V
STREET ADDRESS PINA, ALICIO
CITY-ST-ZIP 15476 N.W. 77TH COURT #319
MIAMI LAKES FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALICIO PINA

3/11/04

Date

305-823-2469

Daytime Phone #