

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90479 014 ***150.00

DOCUMENT # K30734

1. Entity Name
A.R.W. DEVELOPERS, INC.



Principal Place of Business
**8000 SW 89TH AVE
MIAMI, FL 33173**

Mailing Address
**8000 SW 89TH AVE
MIAMI, FL 33173**

44045287



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0069603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, WILFREDO ALBERTO
8000 SW 89TH AVE
MIAMI, FL 33173**

Name

Daisy M. Doval

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

4230 S.W. 94th AVE

City

Miami,

FL

Zip Code

33165

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

Daisy M. Doval

04/05/04

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 **TD** ☐ Delete
NAME **LOPEZ, QUENIA**
STREET ADDRESS **7755 W. 6TH AVE**
CITY-ST-ZIP **HIALEAH, FL**

TITLE **SPD** ☐ Delete
NAME **GARCIA, WILFREDO ALBERTO**
STREET ADDRESS **8000 SW 89TH AVE**
CITY-ST-ZIP **MIAMI, FL**

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

TITLE **President** ☒ Change ☐ Addition
NAME **Daisy M Doval**
STREET ADDRESS **4230 S.W. 94th AVE**
CITY-ST-ZIP **Miami Fla 33165**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Daisy M. Doval

04/05/04

(305) 970-9631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #