

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90232 001 \*\*\*793.75

**DOCUMENT # 377942**

1. Entity Name

FLORIDA NATIONAL INDUSTRIES, INC.



Principal Place of Business

1150 NE 125 CT  
N  
NORTH MIAMI FL 33161

Mailing Address

1150 NE 125 CT  
N  
NORTH MIAMI FL 33161

2. Principal Place of Business

1125 NE 125 St

Suite, Apt. #, etc.

# 300

3. Mailing Address

1125 NE 125 St.

Suite, Apt. #, etc.

# 300

City & State

N. Miami, FL.

Zip

33161

Country

USA

City & State

N. Miami, FL.

Zip

33161

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-1393840

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRETZSCHMAR, TED L.  
1150 NE 125 CT  
N  
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

Christopher D. Kelly

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

11048 Biscayne Blvd #205

City

Miami

FL

Zip Code

33161

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

4/28/04

**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	P	<input type="checkbox"/> Delete
NAME	KRETZSCHMAR, TED L	
STREET ADDRESS	1150 NE 125 CT	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	ST	<input type="checkbox"/> Delete
NAME	YAO, LIANNE K	
STREET ADDRESS	1150 NE 125 CT	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1125 NE 125 St. #300
CITY-ST-ZIP	N. Miami, FL. 33161
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1125 NE 125 St. #300
CITY-ST-ZIP	N. Miami, FL. 33161
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lianne K. Yao Lianne K. Yao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(305) 891-7000

Daytime Phone #