

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 436012

1. Entity Name
CONJUANATE PROPERTIES, INC.



Principal Place of Business

619 SW 18 AVE
MIAMI, FL

Mailing Address

7055 SW 76TH ST
MIAMI, FL 33143

FILED
Jul 28, 2005 08:00 AM
Secretary of State



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1495970

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GARDEN, TERESA
5214 SW 102 CT
MIAMI, FL 33165

**DO NOT WRITE
IN THIS SPACE**

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 *Teressa Garden*
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VARAS, JUANA
5745 SW 22 ST
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GARDEN, TERESA
5214 SW 102 CT
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VARAS, CONSTANTINO
5745 SW 22 ST
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000374808
07/28/05-80004-001 550.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

6-10-05 205-662-8293