

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # 443409

1. Entity Name
CERCAS ISLA/ISLAND FENCE, INC.



Principal Place of Business
**711 E. OKEECHOBEE RD.
HIALEAH, FL 33010 US**

Mailing Address
**711 E. OKEECHOBEE RD.
HIALEAH, FL 33010 US**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2209925

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PASCAL, EVELINA L
711 E OKEECHOBEE RD
HIALEAH, FL 33010**

**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

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, 2005 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	DP PASCAL, EVELYN L 711 E OKEECHOBEE RD HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, EVELINA 711 E OKEECHOBEE RD HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOPEZ, NESTOR G 711 E OKEECHOBEE RD HIALEAH, FL 33010
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03/04/05-80024-015 150.00

**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:

Evelyn L. Pascal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

305-888-9090

Date

Daytime Phone #