

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90187 034 ***150.00

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04272004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1567381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, CARLOS L
~~1503 NW 20TH ST~~
~~MIAMI BEACH, FL 33142~~

7. Name and Address of New Registered Agent

Name *Carlos L. Perez*

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

3041 S.W. 112 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

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

T
NAME PEREZ, CLARA
STREET ADDRESS 3041 SW 112ND AVE.
CITY-ST-ZIP MIAMI, FL 33165 ☒ Delete

PS
NAME PEREZ, CARLOS L.
STREET ADDRESS 3041 S.W. 112 AVENUE
CITY-ST-ZIP MIAMI, FL 33165 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 reports 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

Carlos L. Perez

Date

4/22/04 (305) 594-0100

Daytime Phone #