


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90009 020 \*\*\*150.00

<b>DOCUMENT # 546917</b>	
<b>1. Entity Name</b> FLAMINGO FISHING CORPORATION	

<b>Principal Place of Business</b> 3199 NW 20TH ST. MIAMI, FL 33142	<b>Mailing Address</b> 10250 SW 28 ST MIAMI, FL 33165
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<b>2. Principal Place of Business</b> 10250 S.W. 28 ST Suite, Apt. #, etc.	<b>3. Mailing Address</b> 10250 SW 28 ST Suite, Apt. #, etc.
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<b>City &amp; State</b> MIAMI	<b>City &amp; State</b> MIAMI
<b>Zip</b> 33165	<b>Zip</b> 33165

03032004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-1811422	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> PUJOL, AURORA 10250 SW 28 ST MIAMI, FL 33165 SW	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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:**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> (NOTE: Registered Agent signature required when reinstating)
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PSD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> PUJOL, AURORA		<b>NAME</b>	
<b>STREET ADDRESS</b> 10250 SW 28TH ST.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI, FL 33165		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VTD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> PUJOL, JOSE H		<b>NAME</b>	
<b>STREET ADDRESS</b> 10250 S.W 28 ST.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI, FL 33165		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 supplementary 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.**

<b>SIGNATURE</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>VP</b>	<b>3/3/04</b> Date	<b>305-221-3346</b> Daytime Phone #
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