

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 582145

1. Entity Name
URBATRON, INC.



Principal Place of Business
**511 SW 21 RD.
MIAMI, FL 33129-1333 US**

Mailing Address
**511 S.W. 21ST. ROAD
MIAMI, FL 33129-1333 US**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2340033

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEOPOLDO FLOREZ
511 S.W. 21ST ROAD
MIAMI, FL 33129-1333**

**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
**PD
FLOREZ, LEOPOLDO
511 SW 21ST ROAD
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
FLOREZ, LEOPOLDO
511 SW 21ST ROAD
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FLOREZ, LEOPOLDO
511 SW 21 ROAD
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000178405
01/12/05-80027-002 150.00

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

LEOPOLDO FLOREZ, DIRECTOR

Date

1/4/05 (305) 446-8229

Daytime Phone #