

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90032 024 ***158.75

44031777



04132004 Chg-P CR2E034 (10/03)

4. FEI Number **66-0498750**
5. Certificate of Status Desired **YES** ☒ \$8.75 Additional Fee Required

DOCUMENT # F04000000094

1. Entity Name
BOOK, HEALTH AND CONFERENCE, INC.



Principal Place of Business
**CALLE PITIRRE 157
SAN JUAN, PR 00926**

Mailing Address
**CALLE PITIRRE 157
SAN JUAN, PR 00926**

2. Principal Place of Business

3. Mailing Address

MAJOLCA ST. 1143

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MANSIONES VISTAMAN MARINA

City & State

City & State

CAROLINA

Zip

Country

Zip

00985

Country

P.R.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REV. R. OTONIEL FONT
12250 JOHNN YOUNG PARKWAY
ORLANDO, FL 32837**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP REV. RODOLFO FONT RUIZ CALLE PITIRRE 157 SAN JUAN, PR 00926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV MAGALY NADAL DE FONT CALLE PITIRRE 157 SAN JUAN, PR 00926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MAJOLCA ST. 1143 MANSIONES VISTAMAN MARINA, CAROLINA, P.R. 00985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MAJOLCA ST. 1143 MANSIONES VISTAMAN MARINA CAROLINA, P.R. 00985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

**MAGALY NADAL DE FONT
VICE-PRES.**

APRIL 12 / 2004 (787) 750-5858