


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F22002 1. Entity Name LA PLACITA DE LOS PINOS, INC.	
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Principal Place of Business 5630 3RD AVENUE STOCK ISLAND KEY WEST, FL 33040	Mailing Address PO BOX 5402 KEY WEST, FL 33045
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DO NOT WRITE IN THIS SPACE

05042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0078955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AUSTIN, SARA
5630 3RD AVENUE
STOCK ISLAND, FL 33040

**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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	✓ FORM NOT RECEIVED in mail
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PADRON, SARA A 3728 PAULA AVE KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PADRON, MICHAEL A 3728 PAULA AVE KEY WEST, FL
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05/06/04-80031-003 150.00

**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)(f), 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: *S. Glendon, President* 5/1/2004 305 294 4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #