

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006104

1. Entity Name
CONDADO MOTORS, INC.



Principal Place of Business
PO BOX 38020 AIRPORT STATION
CAROLINA, PR 00937

Mailing Address
PO BOX 38020 AIRPORT STATION
CAROLINA, PR 00937



09212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
66-0392936

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VEGA, LUIS E
3632 SICKLE STREET
ORLANDO, FL 32812

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ARCE, LUIS E. VEGA
STREET ADDRESS CARR #26 K 10 H 01
CITY-ST-ZIP MARGINAL LOS ANGELES CAROLIN, PR 00979

TITLE V
NAME VEGA, LUIS JR
STREET ADDRESS CALLE MONCLOA SC 4 URB LA MANSION
CITY-ST-ZIP LEVITTOWN, PR 00949

TITLE S
NAME VEGA, MERCEDES J
STREET ADDRESS AVE. ASHFORD 1051
CITY-ST-ZIP CONDADO, PR 00907

TITLE T
NAME VEGA, IVONNE
STREET ADDRESS MALAGA PARK #7C JUAN MARTINEZ 14
CITY-ST-ZIP GUAYNABO, PR 00971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000172539
09/27/04-80003-011 158.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/22/04 1-787-791-1160