

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 042 ***150.00

DOCUMENT # G38192

1. Entity Name
PETER DE LA ROSA P.L.S., INC.



Principal Place of Business
% PETER DE LA ROSA
959 SW 122ND AVE, MINORCA PLAZA
MIAMI, FL 33184

Mailing Address
% PETER DE LA ROSA
959 SW 122ND AVE, MINORCA PLAZA
MIAMI, FL 33184

54000459



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2305313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DE LA ROSA, PETER
~~5432 SOUTHWEST 127 COURT~~ *17000 S.W. 170 Avenue*
~~MIAMI, FL 33175~~ *MIAMI, FL 33187*

**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, 2004 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
PTD
DE LA ROSA, PETER
1700 SW 170 AVE.
MIAMI, FL 33187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
DE LA ROSA, YARA
17000 SW 170 AVE
MIAMI, FL 33187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MARTINEZ, EDDIE
1001 W. 50TH ST.
HIALEAH, FL 33012

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**

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

Peter De la Rosa
president

Date

Daytime Phone #

1-20-04 *(305) 552-8545*