

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90700 032 ***150.00

DOCUMENT # G90769

1. Entity Name
HOUSE OF BEADS, INC



Principal Place of Business
**2635 NW 20TH ST.
MIAMI, FL 33125**

Mailing Address
**2635 NW 20TH ST.
MIAMI, FL 33125**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2387802

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GALINDO, PASTOR
2635 NW 20TH ST.
MIAMI, FL 33125**

**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	P
NAME	GALINDO, PASTOR
STREET ADDRESS	2635A NW 20TH ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	GALINDO, RUBY A
STREET ADDRESS	825 LINCOLN RD.
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D
NAME	GALINDO, GLORIA
STREET ADDRESS	940 LINCOLN RD MALL SUITE 204
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D
NAME	GALINDO, VANESSA
STREET ADDRESS	940 LINCOLN RD MALL SUITE 204
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D
NAME	GALINDO, ABEL
STREET ADDRESS	825 LINCOLN RD MALL
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PASTOR GALINDO

4/30/04 (305) 635-4508

Date

Daytime Phone #