

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90019 034 ***150.00

DOCUMENT # H94712

1. Entity Name

R.E.S. CAPITAL ENTERPRISES, INC.



Principal Place of Business

ATTN: ROBERT SCHUR
5250 NORTH KENOALL DR,
CORAL GABLES FL 33156-2124
US

Mailing Address

ATTN: ROBERT SCHUR
5250 NORTH KENOALL DR,
CORAL GABLES FL 33156-2124
US

2. Principal Place of Business

5250 NORTH KENDALL DR

3. Mailing Address

5250 NORTH KENDALL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2630310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHUR, ROBERT E.
5250 NORTH KENDALL DRIVE
CORAL GABLES FL 33156-2124**

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

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME SCHUR, ROBERT E.
STREET ADDRESS 5250 NORTH KENDALL DRIVE
CITY-ST-ZIP CORAL GABLES FL 33156-2124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SCHUR, CAHTERINE
STREET ADDRESS 5250 NORTH KENDALL DRIVE
CITY-ST-ZIP CORAL GABLES FL 33156-2124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Schur

ROBERT SCHUR PRES.

2/3/04 (305)661-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

Doc. # H94712

54004567

FROM THE DESK OF

ROBERT E. SCHUR

To: Dept of State

for all purposes the
correct spelling of Address is:

~~5250 NORTH KENDALL~~
DRIVE

CORAL GABLES, FL

33156-2124