


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J18053 1. Entity Name SEA HORSE CUSTOM MARINE, INC.	
----------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business % EDUARDO IGLESIAS 2890 E. 11TH AVE. HIALEAH, FL 33013 US	Mailing Address % EDUARDO IGLESIAS 2890 E. 11TH AVE. HIALEAH, FL 33013 US
------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2684366	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 IGLESIAS, EDUARDO 3891 E. 8TH LANE HIALEAH, FL 33013

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

1000000126210
04/23/04-80024-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD IGLESIAS, EDUARDO 2890 EAST 11 AVE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MACIAS, OMAR 2890 EAST 11 AVE. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 life empowered.

SIGNATURE:  4/20/04 305-5352124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #