

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90052 035 ***150.00

DOCUMENT # K76832

1. Entity Name
COMINEX INTERNATIONAL INC.



Principal Place of Business
**1001 BRICKELL BAY DR
1716
MIAMI, FL 33131 US**

Mailing Address
**1001 BRICKELL BAY DR
1716
MIAMI, FL 33131 US**

44002866



2. Principal Place of Business
848 Brickell Avenue
Suite, Apt. #, etc.
203

3. Mailing Address
848 Brickell Avenue
Suite, Apt. #, etc.
203

01122004 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State
Miami

4. FEI Number
13-3243273

Applied For
Not Applicable

Zip
33131

Country

Zip
33131

Country

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

**JARAMILLO, SOFIA
1430 BRICKELL BAY DRIVE
1206
MIAMI, FL 33131**

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**

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	☐ Delete
P	JARAMILLO, SOFIA	1430 S BRICKELL BAY DR, 1206	MIAMI, FL 33131	☐
				☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SOFIA JARAMILLO **PRESIDENT** **01/15/04** **305-372-1303**