

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90005 049 ***558.75

DOCUMENT # K77598

1. Entity Name

SIMMONS AND HARRIS, INC.



Principal Place of Business

**9781 SOUTHWEST 130TH STREET
MIAMI FL 33176**

Mailing Address

**9781 SOUTHWEST 130TH STREET
MIAMI FL 33176**

54056052



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 571151

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33257-1151

Country

USA

4. FEI Number

59-2455684

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, CHARLES L.
9900 SW 168TH STREET
SUITE 9
MIAMI FL 33157**

7. Name and Address of New Registered Agent

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

TITLE **DP** ☐ Delete
NAME **HARRIS, NATHANIEL**
STREET ADDRESS **9781 SW 130TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☐ Delete
NAME **HARRIS, FREDDIE L.**
STREET ADDRESS **8784 SW 177TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☐ Delete
NAME **SIMMONS, JOHN E.**
STREET ADDRESS **8825 SW 177TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☒ Delete
NAME **HARRIS, CAROLYN**
STREET ADDRESS **9781 SW 130TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Ruthie Simmons**
STREET ADDRESS **8825 S.W. 177 Terrace**
CITY-ST-ZIP **Miami, FL**

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

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:

John E. Simmons

John E. Simmons

MAY 29, 2004

305-238-7680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #