

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90047 021 ***150.00

DOCUMENT # K97656

1. Entity Name

MATEO SAN MARTIN AGENCY, INC.



Principal Place of Business

**3014 NW 79TH AVE
MIAMI FL 33122**

Mailing Address

**P.O. BOX 527950
MIAMI FL 33152-7950
US**

44022030



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0166896

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAN MARTIN, MATEO
5228 NW 103 AVE
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10594 NW 52 Terrace

City
MIAMI

FL

Zip Code
33178

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 **P** ☐ Delete
NAME **SAN MARTIN, MATEO**
STREET ADDRESS **5228 NW 103RD AVE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **V** ☐ Delete
NAME **JARAMILLO, GLORIA PATRICI**
STREET ADDRESS **5228 NW 103 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **M** ☐ Delete
NAME **OCHOA, SILVIA E**
STREET ADDRESS **14927 SW 104 ST APT 4-203**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **10594 NW 52 Terrace**
CITY-ST-ZIP **MIAMI, FLORIDA 33178**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **10594 NW 52 Terrace**
CITY-ST-ZIP **MIAMI, FLORIDA 33178**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATEO SAN MARTIN

3-25-04 (305) 477-4184

Date

Daytime Phone #