

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-29-2004 90222 047 ***150.00

DOCUMENT # L30982

1. Entity Name

8 AND 62 CORPORATION



Principal Place of Business

626 CORAL WAY
UNIT 1504B
CORAL GABLES FL 33134

Mailing Address

626 CORAL WAY
UNIT 1504B
CORAL GABLES FL 33134

2. Principal Place of Business

60 Edgewater Dr.
Suite, Apt. #, etc.
16D

3. Mailing Address

60 Edgewater Dr.
Suite, Apt. #, etc.
16D

City & State

Coral Gables, FL
Zip 33133 Country

City & State

Coral Gables, FL
Zip 33133 Country

4. FEI Number

65-0158217

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROLANDO SANCHEZ-MEDINA~~
626 CORAL WAY
UNIT 1504B
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Rolando Sanchez-Medina
Street Address (P.O. Box Number is Not Acceptable)
60 Edgewater Dr. Suite 16D
City Coral Gables FL Zip Code 33133

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: X Rolando Sanchez Medina Pres

04/16/2004

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 PD
NAME ROLANDO SANCHEZ MEDINA
STREET ADDRESS 626 CORAL WAY
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE SD
NAME GISELA SANCHEZ MEDINA
STREET ADDRESS 626 CORAL WAY
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Rolando Sanchez-Medina
STREET ADDRESS 60 Edgewater Dr. Suite 16D
CITY-ST-ZIP Coral Gables, FL 33133

TITLE SD ☒ Change ☐ Addition
NAME Gisela Sanchez-Medina
STREET ADDRESS 60 Edgewater Dr. Suite 16D
CITY-ST-ZIP Coral Gables, FL 33133

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
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: X Rolando Sanchez Medina Pres

04/16/2004

(305) 262-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #