

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L42509

1. Entity Name
FLORENCIA USA, INC.



Principal Place of Business
**2121 PONCE DE LEON BLVD
SUITE 420
CORAL GABLES, FL 33134 US**

Mailing Address
**P.O. BOX 141996
CORAL GABLES, FL 33114 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

04222004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0185297

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

7. Name and Address of New Registered Agent

**DE LA HOZ JOSE
2121 PONCE DE LEON BLVD.
SUITE 420
CORAL GABLES, FL 33134**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **HOZ, JOSE M. DE LA**
STREET ADDRESS **2121 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete
NAME **HOZ, JOSE M. DE LA**
STREET ADDRESS **2121 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES, FL 33114**

TITLE **VP** ☐ Delete
NAME **DE LA HOZ, JOSE J**
STREET ADDRESS **2121 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete
NAME **DE LA HOZ, JOSE J**
STREET ADDRESS **2121 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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
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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 trustee empowered

SIGNATURE:

Signature and typed or printed name of signing officer or director

**Jose M. de la Hoz
President**

4/26/04 (305) 447-1666
Date Daytime Phone #