

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 90736 020 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # L69389 1. Entity Name FLORIDA I.M.A., INC.																																																																																																																													
Principal Place of Business 3805 SW 8TH ST MIAMI FL 33134			Mailing Address 3805 SW 8TH ST MIAMI FL 33134																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number 65-0131970 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent VILARINO, MANUEL I. 3805 SW 8TH ST MIAMI FL 33134				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VILARINO, MANUEL I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3805 SW 8TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VILARINO, ANA ELENA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3805 SW 8TH ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VILARINO, ISIDORO A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3805 SW 8 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VILARINO, ANNIA E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3805 SW 8 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DP	<input type="checkbox"/> Delete	NAME	VILARINO, MANUEL I		STREET ADDRESS	3805 SW 8TH ST		CITY-ST-ZIP	CORAL GABLES FL 33134		TITLE	S	<input type="checkbox"/> Delete	NAME	VILARINO, ANA ELENA		STREET ADDRESS	3805 SW 8TH ST.		CITY-ST-ZIP	CORAL GABLES FL 33134		TITLE	VPD	<input type="checkbox"/> Delete	NAME	VILARINO, ISIDORO A		STREET ADDRESS	3805 SW 8 STREET		CITY-ST-ZIP	CORAL GABLES FL 33134		TITLE	TD	<input type="checkbox"/> Delete	NAME	VILARINO, ANNIA E		STREET ADDRESS	3805 SW 8 STREET		CITY-ST-ZIP	CORAL GABLES FL 33134		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													
<small>Date _____ Daytime Phone # _____</small>																																																																																																																													