

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90009 033 ***150.00

DOCUMENT # L90344

1. Entity Name
STORMY WEATHER, INC.



Principal Place of Business

100 S.E. 2ND STREET
17TH FLOOR
MIAMI, FL 33131 US

Mailing Address

100 S.E. 2ND STREET
17TH FLOOR/JHF
MIAMI, FL 33131 US

24037268



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0209085

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H.
100 S.E. 2ND STREET
17TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

TITLE PS
NAME CELIDONIO, JOSE HUGO
STREET ADDRESS 100 S.E. 2ND STREET, 17TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE DVPT
NAME DA COSTA, MARIA S
STREET ADDRESS 100 S.E. 2ND STREET, 17TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE AS
NAME FRIEDHOFF, JOHN H
STREET ADDRESS 100 S.E. 2ND STREET, 17TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

J. H. FRIEDHOFF, Assist Sec. 4/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #