

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT# M20930 1. Entity Name ANDRESR.CANCELA,INC.	
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Principal Place of Business 700 CATALONIA CORAL GABLES, FL 33134	Mailing Address 700 CATALONIA CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

	
01152004 NoChg-P CR2E034(10/03)	
4. FE Number 59-2576863	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CANCELA, ANDRESR. 700 CATALONIA AVE CORAL GABLES, FL 33134

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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 if applicable (NOTE: Registered Agent's signature required where Initialing)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CANCELA, ANDRESR. 700 CATALONIA AVE CORAL GABLES, FL
TITLE 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 of changed, or on an attachment with an address, with all other information.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/1/04 Date	305-446-3455 Daytime Phone
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