

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2005 8:00 am
Secretary of State

06-14-2005 90001 015 ****70.00

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1. Entity Name
COMANDO F - 4, INC.



Principal Place of Business
1412 W FLAGLER ST
SUITE A
MIAMI, FL 33135 US

Mailing Address
1412 W FLAGLER ST
SUITE A
MIAMI, FL 33135 US

2. Principal Place of Business
1412 W. Flagler St.
Suite, Apt. #, etc.
Suite A

3. Mailing Address
1412 W. Flagler St.
Suite, Apt. #, etc.
Suite A

City & State
Miami, Florida
Zip
33135 Country
U.S.

City & State
Miami, Florida
Zip
33135 Country
U.S.

05232005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0512845

Applied For
Not Applicable

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

FOMETA, RODALFO
1412 W. FLAGLER ST.
STE. A
MIAMI, FL 33125

Name Frometa Rodolfo
Street Address (P.O. Box Number is Not Acceptable)
1412 W. Flagler St.
Suite A
City Miami FL Zip Code 33135

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

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DIAZ, TERESA M
STREET ADDRESS 9682 FOUNTAINBLEU BLVD
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Delete
NAME MARTINEZ, GUILLERMO
STREET ADDRESS 2039 NW 18 ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Delete
NAME FROMETA, RODOLFO
STREET ADDRESS 161 NW 67 CT.
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-2005 305-642-7790

Date

Daytime Phone #