

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90064 047 ***150.00

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1. Entity Name
STAR ISLAND CONCRET DESIGN CORP.



Principal Place of Business
**13049 SW 133 COURT
MIAMI, FL 33186**

Mailing Address
**13049 SW 133 COURT
MIAMI, FL 33186**

24051254



2. Principal Place of Business
13049 SW 133 COURT
Suite, Apt. #, etc.

3. Mailing Address
**PMB # 474 10201
Hammocks Blvd # 153**
Suite, Apt. #, etc.

04152004 Chg-P CR2E034 (10/03)

City & State
Miami, FL 33186

City & State
Miami, FL

4. FEI Number
65-0968221
Applied For
Not Applicable

Zip
33186

Country

Zip
33196

Country

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

6. Name and Address of Current Registered Agent

**CORPAS, MIGUEL A
130811 SW 133 CT
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name **Corpas, Miguel A.**
Street Address (P.O. Box Number is Not Acceptable)
13049 SW 133 COURT
City **Miami** FL Zip Code **33186**

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
True Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MORIONES, ZORAYA**
STREET ADDRESS **13081 SW 133 CT**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **V** ☐ Delete
NAME **CORPAS, MIGUEL**
STREET ADDRESS **13081 SW 133 CT**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 11

TITLE **P** ☒ Change ☐ Addition
NAME **Corpas, M. Zoraya**
STREET ADDRESS **13049 SW 133 COURT**
CITY-ST-ZIP **Miami FL, 33186**

TITLE **V** ☒ Change ☐ Addition
NAME **Corpas, Miguel**
STREET ADDRESS **13049 SW 133 COURT**
CITY-ST-ZIP **Miami FL, 33186**

TITLE ☐ Change ☐ Addition
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
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 other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #