

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-06-2004 90160 033 ***150.00

DOCUMENT # P00000006807		
1. Entity Name L. BAEZ'S TACKLE, INC.		

Principal Place of Business 1675 EAST 11 AVE HIALEAH FL 33010	Mailing Address 1675 EAST 11 AVE HIALEAH FL 33010
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

66425328



MOORE CR2E034 (11/03)

4. FEI Number 65-0973453		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAEZ, LAUDELINO 399 NW 72ND AVENUE MIAMI FL 33126		7. Name and Address of New Registered Agent Name LAUDELINO BAEZ Street Address (P.O. Box Number is Not Acceptable) 1675 East 11 Ave Hialeah FL 33010 City FL Zip Code	
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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]* (NOTE: Registered Agent's signature required when reinstating) DATE

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. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE	PD	☒ Change ☐ Addition	
NAME	HERNANDEZ, HERIBERTO			NAME	HERNANDEZ, HERIBERTO		
STREET ADDRESS	6905 NW 51ST STREET			STREET ADDRESS	1675 East 11 Ave		
CITY-ST-ZIP	MIAMI FL 33166			CITY-ST-ZIP	Hialeah, FL 33010		
TITLE	VD	☐ Delete		TITLE	VD	☒ Change ☐ Addition	
NAME	BAEZ, LAUDELINO			NAME	BAEZ, LAUDELINO		
STREET ADDRESS	6905 NW 51ST STREET			STREET ADDRESS	1675 East 11 Ave		
CITY-ST-ZIP	MIAMI FL 33166			CITY-ST-ZIP	Hialeah, FL 33010		
TITLE	PD	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	HERISENTO, HERNANDEZ			NAME			
STREET ADDRESS	399 NW 78 AVE 205			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			CITY-ST-ZIP			
TITLE	VD	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	LAUDERLINO, HERNANDEZ			NAME			
STREET ADDRESS	399 NW 72 AVE 205			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			CITY-ST-ZIP			
TITLE	VD	☒ Delete		TITLE	SECRETARY (MANAGED)	☒ Change ☐ Addition	
NAME	MARTHA, HERNANDEZ			NAME	MARTHA, HERNANDEZ		
STREET ADDRESS	397 NW 72 AVE 205			STREET ADDRESS	1675 East 11 Ave		
CITY-ST-ZIP	MIAMI FL 33126			CITY-ST-ZIP	Hialeah, FL 33010		
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **04/28/04** (605) 888-5444 Daytime Phone #