


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000023888</b>	
<b>1. Entity Name</b> SINTRIM, INC.	

<b>Principal Place of Business</b> 1441 NW 4TH STREET BOCA RATON, FL 33486	<b>Mailing Address</b> 1441 NW 4TH STREET BOCA RATON, FL 33486
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06032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1038905	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

SINCHI, LUIS  
1441 NW 4TH STREET  
BOCA RATON, FL 33486

**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]*  
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**  
**Due by September 8, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PVSD
<b>NAME</b>	SINCHI, LUIS
<b>STREET ADDRESS</b>	1441 NW 4TH STREET
<b>CITY-ST-ZIP</b>	BOCA RATON, FL 33486
<b>TITLE</b>	TD
<b>NAME</b>	SINCHI, BLANCA A
<b>STREET ADDRESS</b>	1441 NW 4TH STREET
<b>CITY-ST-ZIP</b>	BOCA RATON, FL 33486
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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06/09/04-80002-025 150.00

**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 or other like empowered.**

**SIGNATURE:**

*[Signature]*  
Luis Sinchi

06/01/2004 (561) 620-0410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #