

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90062 019 \*\*\*150.00

**DOCUMENT # P00000026027**

1. Entity Name  
**SANTA GERTRUDIZ PASOFINO HORSE,  
INCORPORATED**



Principal Place of Business  
**24100 SW 122ND AVENUE  
MIAMI, FL 33032**

Mailing Address  
**9010 SW 137 AE.  
STE 113  
MIAMI, FL 33186**

**94043632**



2. Principal Place of Business

3. Mailing Address  
**24100 S.W. 122nd Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004

Chg-P

CR2E034 (10/03)

City & State

City & State  
**Miami, Florida**

4. FEI Number  
**65-0990501**

Applied For  
☐ Not Applicable

Zip

Country

Zip  
**33032**

Country  
**US**

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

**MORE, FELIPE  
24100 SW 122ND AVENUE  
MIAMI, FL 33032**

Name  
**Alvaro Castillo B., Escurie**

Street Address (P.O. Box Number is Not Acceptable)

**1390 Brickell Avenue, Suite 200**

City

**Miami**

**FL**

Zip Code

**33131**

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  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MORE, FELIPE  
24100 SW 122ND AVENUE  
MIAMI, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
GIRALDO, ELIZABETH  
24100 SW 122ND AVENUE  
MIAMI, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
RAMIREZ, GUSTAVO  
24100 SW 122ND AVENUE  
MIAMI, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/T  
Elizabeth Giraldo  
24100 S.W. 122nd Avenue  
Miami, Florida 33032** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/S  
Gustavo Ramirez  
24100 S.W. 122nd Avenue  
Miami, Florida 33032** ☒ Change ☐ Addition

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

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

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

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alvaro Castillo**

Date

Daytime Phone #

**4-1-04 (305) 571-5540**