## **FILED 2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR) **DOCUMENT # P00000035072** 1. Entity Name 02-25-2004 90045 032 \*\*\*150.00 LA PALMA ENVIOS & SERVICES, INC. Principal Place of Business Mailing Address 4699 N. FLAGLER ST MIAMI FL 33-1347 4695 WEST FLAGLER STREET MIAMI FL 33134-1512 2. Principal Place of Business 330 EAST 9th STREET. 3. Mailing Address 9th STREET 330 EAST Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE 104 SUITE 104 SUITE City & State 4. FEI Number City & State 65-1005554 HIALEAH FL HIALEAH FL Country \$8.75 Additional 5. Certificate of Status Desired 33010 ().5. Fee Required 33010 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent

## Feb 25, 2004 8:00 am **Secretary of State**

Applied For

Not Applicable

DOMINGUEZ, ROBERTO 4699 W. FLAGER ST. MIAMI FL 33134			Name_	KOBERTO DOMINGUEZ						
			Street Address (P.O. Box Number is Not Acceptable) 330 EAST 9 51 EET							
				_		SIKEL				
•				SUME 10	14					
			City	HIALEAH			FL	Zip Code	3010	
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 agoni and title if applicable. (NOTE: Registered Agent signature required when roinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						ection Campaign Final ust Fund Contribution.	~ _		O May Be to Fees	
10.	OFFICERS AND DIRECTORS		11.		DITIONS	/CHANGES TO OFFIC	ERS AND	DIRECTORS	SIN 11	
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NAME	DOMINGUEZ, ROBERTO		NAME STREET ADDRESS	330 E 9		SUITE 104				
STREET ADDRESS CITY-ST-ZIP	4699 W. FLAGLER ST MIAMI FL 33134		CITY-ST-ZIP	HIALEAH		33010				
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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: \_