

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000035795

1. Entity Name

SOUTH GATE HOMES, INC.



Principal Place of Business

13343 SW 88TH AVENUE
MIAMI FL 33176

Mailing Address

13343 SW 88TH AVENUE
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0998070

Applied For

Not Applicable

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

DE LA CRUZ, CARLOS
13343 SW 88TH AVENUE
MIAMI FL 33176

Name

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

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CRUZ, CARLOS D
13343 SW 88TH AVENUE
MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000079931
03/08/04-80088-014 150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
SALSAMENDI, FERNANDO JR
13343 SW 88TH AVENUE
MIAMI FL 33176 ☐ Delete

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

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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 like empowered.

SIGNATURE: *Fernando Salsamendi, Jr.* FERNANDO SALSAMENDI, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **0195-PRESIDENT**

Date

Daytime Phone #

2-17-04 305 969-8266