

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90036 039 ***150.00

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1. Entity Name

E.P.A., INC.

Principal Place of Business

5700 SW 39 ST
MIAMI FL 33155

Mailing Address

5700 SW 39 ST
MIAMI FL 33155

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 **65-1009813**

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

XIQUES, ALBERT J ESQ
1000 BRICKELL AVENUE SUITE 660
MIAMI FL 33131

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

TITLE CP ☐ Delete
NAME CUBAS, JOSE M
STREET ADDRESS 199 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE VD ☐ Delete
NAME CUBAS, EDITH
STREET ADDRESS 199 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE SD ☐ Delete
NAME CUBAS, MERCEDES
STREET ADDRESS 1408 BRICKELL BAY DRIVE
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME FONTENEAU, ALINA C
STREET ADDRESS 1408 BRICKELL BAY DRIVE
CITY-ST-ZIP MIAMI FL 33131

TITLE MD ☐ Delete
NAME PEREZ, JULIO
STREET ADDRESS 5700 SW 39TH STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE AS ☒ Delete
NAME CANNON, ERIN
STREET ADDRESS 1401 BRICKELL AVENUE, # 1100
CITY-ST-ZIP MIAMI FL 33131

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose M. Cubas

Feb 2/04