

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000047127

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	CUBAS, JOSE M	
STREET ADDRESS	199 OCEAN LANE DRIVE	
CITY- ST- ZIP	KEY BISCAYNE FL 33149	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CUBAS, EDITH	
STREET ADDRESS	199 OCEAN LANE DRIVE	
CITY- ST- ZIP	KEY BISCAYNE FL 33149	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CUBAS, MERCEDES	
STREET ADDRESS	1408 BRICKELL BAY DRIVE	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	FONTENEAU, ALINA C	
STREET ADDRESS	1408 BRICKELL BAY DRIVE	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	MD	<input type="checkbox"/> Delete
NAME	PEREZ, JULIO	
STREET ADDRESS	5700 SW 39TH STREET	
CITY- ST- ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000193055	
STREET ADDRESS	01/25/05-80047-005 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

Jan 19/05

Daytime Phone #