

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90047 032 ***150.00

DOCUMENT # P00000056398

1. Entity Name
AGUNSA L&D (MIAMI), INC.



Principal Place of Business
**2121 PONCE DE LEON BLVD. SUITE #240
CORAL GABLES, FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD. SUITE #240
CORAL GABLES, FL 33134**

2. Principal Place of Business
8900 NW 35th Lane
Suite, Apt. #, etc.
140

3. Mailing Address
8900 NW 35th Lane
Suite, Apt. #, etc.
140

City & State
Miami, FL

City & State
Miami, FL

Zip
33172

Country
Miami-Dade

Zip
33172

Country
Miami-Dade

02262004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1023268

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JUAN, JESUS M
8900 NW 35TH LN
STE 140
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	URENDA SALAMANCA, JOSE MANUEL	
STREET ADDRESS	2121 PONCE DE LEON BLVD. SUITE #240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTALBETTI MOLTEDO, FRANCO	
STREET ADDRESS	2121 PONCE DE LEON BLVD. SUITE #240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANCILLA PEREZ, LUIS	
STREET ADDRESS	2121 PONCE DE LEON BLVD. SUITE #240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	URENDA SALAMANCA, DIEGO	
STREET ADDRESS	2121 PONCE DE LEON BLVD. SUITE #240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	JIMENEZ PACHECO, RODRIGO	
STREET ADDRESS	2121 PONCE DE LEON BLVD. SUITE #240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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	
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	
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)(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:

DIEGO URENDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 04/04 (786) 845-9212
Date Daytime Phone #