

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90035 037 ***150.00

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1. Entity Name

ITALIAN SUIT BROKERS, INC.



Principal Place of Business

8801 S.W. 132ND STREET
MIAMI FL 33176

Mailing Address

8801 S.W. 132ND STREET
MIAMI FL 33176

2. Principal Place of Business

356 Mirade Mile

3. Mailing Address

8803 SW 132 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1026158

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

ESTRELLA, EVELIO A

8801 SW 132 ST.

MIAMI FL 33176

Name

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

8803 SW 132 ST

City

MIA

FL

Zip Code

33176

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 D ☐ Delete
NAME ESTRELLA, EVELIO
STREET ADDRESS 8801 S.W. 132ND STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ Delete
NAME CAMERA, CARMELO
STREET ADDRESS 8801 S.W. 132ND STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8803 SW 132 ST
CITY-ST-ZIP MIA FL 33176

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8803 SW 132 ST
CITY-ST-ZIP MIA FL 33176

TITLE ☐ Change ☐ Addition
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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 #