

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000071253

1. Entity Name
FRANZ Y PEPPONE, INC.



Principal Place of Business

**13935 NW 1ST AVE
MIAMI, FL 33168**

Mailing Address

**13935 NW 1ST AVE
MIAMI, FL 33168**

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1023970

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, BEHAR & ASSOCIATES, PA
13935 NW 1ST AVE
MIAMI, FL 33168**

**DO NOT WRITE
IN THIS SPACE**

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	D
NAME	TARENZI, ROBERTO
STREET ADDRESS	13935 NW 1ST AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	D
NAME	ESPOSA, VIRGINIA
STREET ADDRESS	13935 NW 1ST AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	D
NAME	CHAMATROPULOS, PABLO
STREET ADDRESS	13935 NW 1ST AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	D
NAME	CHAMATROPULOS, PAULA
STREET ADDRESS	13935 NW 1ST AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80043-009 150.00

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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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04