


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90002 045 \*\*\*150.00

<b>DOCUMENT # P00000071355</b>	
1. Entity Name TOWEL'S SERVICE OF MIAMI, CORP.	

Principal Place of Business 14276 SW 175TH TERRACE MIAMI, FL 33177	Mailing Address 14276 SW 175TH TERRACE MIAMI, FL 33177
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**54068656**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08032004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1039284**

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

<b>6. Name and Address of Current Registered Agent</b>
CARDONA, CARLOS M 14276 SW 175TH TERRACE MIAMI, FL 33177

<b>7. Name and Address of New Registered Agent</b>
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 acknowledge the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., if corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	CARDONA, CARLOS M
STREET ADDRESS	14276 SW 175TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	VSD <input type="checkbox"/> Delete
NAME	CORREA, ANGELICA M
STREET ADDRESS	14276 SW 175TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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, 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 # \_\_\_\_\_

Attachment  
524068656

**TOWEL'S SERVICE OF MIAMI CORP.  
14276 SW 175 TERR  
MIAMI, FL 33177**

**August 3, 2004**

**FLORIDA DEPARTMENT OF STATE  
RE: DOC#P00000071355  
FEI# 65-1039284**

**TO WHOM IT MAY CONCERN:**

**WE ARE SENDING OUR 2004 UNIFORM BUSINESS REPORT LATE  
BECAUSE WE NEVER RECEIVED ANY NOTICE.**

**ATTACHED YOU WILL FIND OUR 2004 ANNUAL REPORT AND A CHECK  
FOR \$150.00 TO PAY THE ANNUAL REPORT OF 2004. PLEASE WAIVE ANY  
PENALTIES .**

**ANY QUESTION OR CONCERNS FEEL FREE TO CONTACT US.**

**SINCERELY YOURS**

  
**CARLOS M CARDONA  
PRESIDENT**