

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000073538

1. Entity Name  
GENERACION 2000 GROUP, INC.



Principal Place of Business  
605 NW 10TH STREET  
HOMESTEAD, FL 33030

Mailing Address  
605 NW 10TH STREET  
HOMESTEAD, FL 33030

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**



07072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FE: Number 65-0181436 Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ARRIAGA, HECTOR  
605 NW 10TH STREET  
HOMESTEAD, FL 33030

**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

*Hector Arriaga P.*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*7/7/04*

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ABRIAGA, HECTOR  
STREET ADDRESS 605 NW 10TH STREET  
CITY - ST - ZIP HOMESTEAD, FL 33030

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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U000000165801  
07/12/04-80028-008 150.00

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IN THIS SPACE**

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:

*Hector Arriaga P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/7/04*  
Date

Daytime Phone #