

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000075858



FILED

04 JUL -8 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*QSS*

Principal Place of Business  
10191 NW 58 STREET  
MIAMI, FL 33178

Mailing Address  
10191 NW 58 STREET  
MIAMI, FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06252004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1031546

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ  
C/O CUEVAS & ORTIZ, P.A.  
536 BITTMOORE WAY  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Manuel Domingos Pita  
Street Address (P.O. Box Number is Not Acceptable)  
10191 NW 58th Street  
City Miami FL Zip Code 33178

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 Manuel Domingos Pita, President 6/25/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVS ☒ Delete  
NAME GORETTI SOUSA, MARIA  
STREET ADDRESS 10191 NW 58 STREET  
CITY-ST-ZIP MIAMI, FL 33178

TITLE DPT ☒ Delete  
NAME DA SILVA, ARMANDO  
STREET ADDRESS 10191 NW 58 STREET  
CITY-ST-ZIP MIAMI, FL 33178

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 P ☐ Change ☒ Addition  
NAME Manuel Domingos Pita  
STREET ADDRESS 10191 NW 58th Street  
CITY-ST-ZIP Miami, FL 33178

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 500029197975  
STREET ADDRESS 07/15/04--01062--002 \*\*\$1.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 another like empowered.

SIGNATURE: Manuel Domingos Pita President 6/25/04 (305) 436-0909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #