## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # P00000092836** 

1. Entity Name

PLACID BAY HOLDINGS, INC.

Principal Place of Business

17455 NW 86TH AVE. HIALEAH, FL 33015



**FILED** Apr 30, 2004 08:00 AM **Secretary of State** 

\$8.75 Additional

Fee Required

Mailing Address

17455 NW 86TH AVE. HIALEAH, FL 33015



CR2E034 (10/03) 04272004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1046383 Not Applicable

6. Name and Address of Current Registered Agent

PEREZ, ANTONIO R 17455 NW 86TH AVE. HIALEAH, FL 33015

## DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

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 size	il applicable. (NOTE: Registered	i Agent aignature required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	000000143390 04/30/04-80115-007 150.00
10.	OFFICERS AND DIRECT	CTORS		
NAME STREET ADDRESS CITY -ST -ZIP	PEREZ, KATHERYN 17455 NW 86 AVE HIALEAH, FL 33015			
THILE MAME STREET ADORESS CHY-ST-ZIP	P PEREZ, ANTONIO R 17455 NW 88 AVE HIALEAH, FL 33015			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT-WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ستيندين
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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.

SIGNATURES

<u>365-527-8418</u>