

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000096069

1. Entity Name
THE NEW SEA HORSE RESTAURANT & LOUNGE, INC.



Principal Place of Business
3590 NW 79TH ST
MIAMI, FL 33147

Mailing Address
3590 NW 79TH ST
MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

FILED

04 JUL 19 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1050393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ARIANNE
2120 NW 13TH STREET
MIAMI, FL 33125

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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

700039642887
07/28/04--01042--008 **300.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALVAREZ, ARIANNE
2120 NW 13TH ST
MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ariane Alvarez
President 7/16/04

(305) 696-8108

Date

Daytime Phone #