


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000103121 1. Entity Name FLORCAB CORPORATION	
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Principal Place of Business 18181 NE 31 CT SUITE 2703 AVENTURA, FL 33160	Mailing Address 18181 NE 31 CT SUITE 2703 AVENTURA, FL 33160
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100729	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ROA BODIN, GLORIA
2655 LEJAUNE RD, STE 1001
CORAL GABLES, FL 33134**

**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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when first stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**U00000154567
05/05/04-80002-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DPS OSCAR BELENISKI, MARIO 18181 NE 31 CT, STE 2703 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY ST ZIP	V BELENISKI, BEATRIZ 18181 NE 31 CT, STE 2703 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY ST ZIP	T BELENISKI, CAROLINA 18181 NE 31 CT, STE 2703 AVENTURA, FL 33160
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**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario Beleniski

4/20/04

Date

Office Phone #