

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90033 043 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000106227

1. Entity Name  
**PULLEYS & HOSES INC**



Principal Place of Business  
**601 75 ST  
#4  
MIAMI BEACH, FL 33141**

Mailing Address  
**601 75 ST  
#4  
MIAMI BEACH, FL 33141**

**44006258**



2. Principal Place of Business  
**432 NE 10 Street**

3. Mailing Address  
**432 NE 10 Street**

Suite, Apt. #, etc.  
**A-1**

Suite, Apt. #, etc.  
**A-1**

01292004 Chg-P CR2E034 (10/03)

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**65-1057159**

Applied For  
Not Applicable

Zip  
**33132**

Country  
**USA**

Zip  
**33132**

Country  
**USA**

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

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

**BODIN, GLORIA ROA  
2655 LEJEUNE ROAD SUITE 1001  
CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**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**

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **VELASQUEZ, JAIME**  
CITY-ST-ZIP **7168 NW 50 ST  
MIAMI, FL 33166**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **VELASQUEZ, JAIME E**  
CITY-ST-ZIP **321 83 ST. # 8  
MIAMI, FL 33141**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GIRALDO, JAIRO**  
CITY-ST-ZIP **4360 SW 152 AVE  
MIRAMOR, FL 33027**

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 ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **432 NE 10 Street. Apt. A-1**  
CITY-ST-ZIP **Miami FL 33132**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **432 NE 10 Street Apt. A-1**  
CITY-ST-ZIP **Miami FL 33132**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **Miramar FL-33027**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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(2)(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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #