

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000108956

1. Entity Name
E-FORMSTECH, INC.



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

Principal Place of Business

8731 S.W. 43 STREET
MIAMI, FL 33165

Mailing Address

8731 S.W. 43 STREET
MIAMI, FL 33165



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1071849 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POLLACK, DOLORES
8731 S.W. 43 STREET
MIAMI, FL 33165

**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 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 PD
NAME POLLACK, HENRY
STREET ADDRESS 13836 S.W. 16 TERRACE
CITY-ST-ZIP MIAMI, FL 33175

TITLE VD
NAME AGUILAR, BERTHA
STREET ADDRESS 8731 S.W. 43 STREET
CITY-ST-ZIP MIAMI, FL 33165

TITLE SD
NAME POLLACK, DOLORES
STREET ADDRESS 8731 S.W. 43 STREET
CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U000000149540
05/03/04-80190-022 150.00

**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:

Bertha A. Aguilar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

305-223-7955

Daytime Phone #