

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90004 026 ***150.00

DOCUMENT # P01000003852

1. Entity Name
QUIQUE DAPIAGGI PRODUCTIONS INC.



Principal Place of Business

3847 N.E. 168TH STREET # 4 C
NORTH MIAMI BEACH, FL 33160

Mailing Address

3847 N.E. 168TH STREET # 4 C
NORTH MIAMI BEACH, FL 33160

7525 E. TREASURY DRIVE # 7N
MIAMI BEACH, FLORIDA 33141

34056775



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1086095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAPIAGGI, ENRIQUE F
3847 N.E. 168TH STREET # 4 C
NORTH MIAMI BEACH, FL 33160
7525 E. TREASURY DRIVE # 7N
MIAMI BEACH, FLORIDA 33141

**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]

OFFICER/OWNER

03-18-04

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 DAPIAGGI, ENRIQUE F
STREET ADDRESS 3847 N.E. 168TH STREET # 4 C
CITY - ST - ZIP NORTH MIAMI BEACH, FL 33160

TITLE VSD
NAME BURGO, OLGA B
STREET ADDRESS 7525 E. TREASURY DRIVE
CITY - ST - ZIP 3847 N.E. 168TH STREET # 4 C
NORTH MIAMI BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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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 my address, with all other like empowered.

SIGNATURE:

[Signature]

OFFICER/OWNER

03/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #