

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2004 08:00 AM  
Secretary of State

DOCUMENT # P01000018287

1. Entity Name  
HACIENDA LA ESPERANZA, INC.



Principal Place of Business

19990 S.W. 184TH STREET  
MIAMI, FL 33187

Mailing Address

19990 S.W. 184TH STREET  
MIAMI, FL 33187



01172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1087060

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE E  
19990 S.W. 184TH STREET  
MIAMI, FL 33187

**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

000000046624  
02/12/04-80008-010 150.00

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RODRIGUEZ, JOSE E  
STREET ADDRESS 19990 S.W. 184TH STREET  
CITY-ST-ZIP MIAMI, FL 33187

TITLE VPD  
NAME BARRERA, CONSUELO  
STREET ADDRESS 19990 S.W. 184TH STREET  
CITY-ST-ZIP MIAMI, FL 33187

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

Date

Daytime Phone #

02/06/04 305-643-0004