

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90035 033 ***150.00

DOCUMENT # P01000021792

1. Entity Name
FRIDACAR, INC.



Principal Place of Business
**ONE S.E. THIRD AVENUE
15TH FLOOR
MIAMI, FL 33131**

Mailing Address
**ONE S.E. THIRD AVENUE
15TH FLOOR
MIAMI, FL 33131**



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1130594

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, FRANCISCO J
ONE S.E. THIRD AVENUE
15TH FLOOR
MIAMI, FL 33131**

**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	D
NAME	DELLER, ALBERTO
STREET ADDRESS	P.O. BOX 2036
CITY-ST-ZIP	QUITO, EQUADOR,
TITLE	D
NAME	DELLER, FRIDA
STREET ADDRESS	P.O. BOX 2036
CITY-ST-ZIP	QUITO, EQUADOR,
TITLE	D
NAME	DELLER, MICHEL
STREET ADDRESS	P.O. BOX 2036
CITY-ST-ZIP	QUITO, EQUADOR,
TITLE	D
NAME	DE BEITSCH DELLER, HELEN
STREET ADDRESS	P.O. BOX 2036
CITY-ST-ZIP	QUITO, EQUADOR,
TITLE	D
NAME	DELLER, PIERRE
STREET ADDRESS	P.O. BOX 2036
CITY-ST-ZIP	QUITO, EQUADOR,
TITLE	
NAME	
STREET ADDRESS	
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 an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #