

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90390 011 ***150.00

DOCUMENT # P01000031599

1. Entity Name

M. PLACER, INC.



Principal Place of Business

1225 W 35 ST #24-A
HIALEAH FL 33014-~~4872~~

8603

Mailing Address

1225 W 35 ST #24-A
HIALEAH FL 33014-~~4872~~

8603

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
33012-8603

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33012-8603

Country

4. FEI Number

65-1099003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOUZA, LLORELY
1225 W 35 ST #24-A
HIALEAH FL 33014-~~4872~~

8603

Name

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

City

FL

Zip Code

33012-8603

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BOUZA, LLORELY
STREET ADDRESS 1225 W 35 ST #24-A
CITY-ST-ZIP HIALEAH FL 33014-~~4872~~ 8603

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Hialeah FL 33012-8603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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(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:

L Lorely Bouza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L Lorely Bouza
President

04-22-2004 (305) 825-5664

Date

Daytime Phone #