

2004 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)


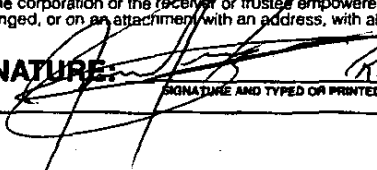
FILED
Apr 02, 2004 8:00 am
Secretary of State

03-12-2004 90015 038 ***150.00

66409369



MOORE, CR2E034 (11/03)

DOCUMENT # P01000038800					
1. Entity Name REZENDE INC.					
Principal Place of Business 464 SUN LAKE CIRCLE SUITE 308 LAKE MARY FL 32746			Mailing Address 464 SUN LAKE CIRCLE SUITE 308 LAKE MARY FL 32746		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3754809	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REZENDE, ROGERIO 1015 REGAL POINT, SUITE 203 LAKE MARY FL 32746			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZENDE, ROGERIO		NAME		
STREET ADDRESS	464 SUN LAKE CIRCLE - APT. 308		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZENDE, JOSE CARLOS		NAME		
STREET ADDRESS	256 AL JERUSALEM RES VEL. DE BENCAD		STREET ADDRESS		
CITY-ST-ZIP	ARACARIGUAMA, SP, BRAZIL 18147		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINZON, PAULA		NAME		
STREET ADDRESS	4319 CASON COVE DRIVE - APT. #1509		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			ROGERIO REZENDE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			03-29-04 (407) 687 3729		
			Date Daytime Phone #		

Attachment

66409369

Doc. # 0100003800

2/10/77

The Real Tax ID # FOR THE
COMPANY REZENDE, INC. IS ACTUALLY
59-3754804 - ~~BE~~ ACORDINGLY WITH
THE IRS.

So Please CHANGE THE INFORMATION
THANK YOU

Rogério REZENDE.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

Attachment
COPY

DATE OF THIS NOTICE: 11-16-2001
NUMBER OF THIS NOTICE: CP 575 B
(EMPLOYER IDENTIFICATION NUMBER: 59-3754804)
FORM: SS-4
0716830481 B

REZENDE INC
3303 LOGAN HGTS
SANFORD FL 32773

66409369
#P01000038800

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3754804. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

~~Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.~~

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

06/15/2002

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.