

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-04-2004 90002 002 \*\*\*150.00

**DOCUMENT # P01000043403**

1. Entity Name  
**OLDSTONES MIAMI, CORP**



Principal Place of Business  
**8282 NW SOUTH RIVER DR  
MIAMI, FL 33166**

Mailing Address  
**4970 NW 102 AVE  
APT 203  
MIAMI, FL 33178**

**04000000**



2. Principal Place of Business  
**641 NW 60 St**

3. Mailing Address  
**641 NW 60 St**

03272003 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, Florida**

City & State  
**MIAMI, Florida**

4. FEI Number  
**65-1112061**

Applied For  
☐ Not Applicable

Zip  
**33127** Country  
**USA**

Zip  
**33127** Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**EGURBIDE, MIREN NEKANE  
4970 NW 102 AVE  
APT 203  
MIAMI, FL 33178**

**7. Name and Address of New Registered Agent**

Name  
**EGURBIDE MIREN NEKANE**

Street Address (P.O. Box Number is Not Acceptable)  
**10030 NW 44 terrace Apt. 204**

City  
**Miami** **FL** Zip Code  
**33178**

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P THOMAS, EBEN  
4970 NW 102 AVE APT 203  
MIAMI, FL 33178** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P WALTER THOMAS  
10030 NW 44 terrace  
MIAMI, FL 33178** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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☐ Change ☐ Addition

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

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 reports 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

**06/01/04** **305-454-5854**  
Date Daytime Phone #

Attachment



54056699

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 20, 2004

OLDSTONES MIAMI, CORP  
641 NW 60TH STREET  
MIAMI, FL 33127

SUBJECT: OLDSTONES MIAMI, CORP  
Ref. Number: P01000043403

We have received your document for OLDSTONES MIAMI, CORP and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 204A00035303

I'm sorry

I send to you at time.  
But I fill in the non appropriate form.  
Was a mistake.

*up*