## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## ANNUAL REPORT DOCUMENT # P01000045260 1. Entity Name ROBERT L. CUETO, INC.

FILED Mar 11, 2004 08:00 AM Secretary of State



Principal Place of Business

10172 CLUB HOUSE TURN RD LAKE WORTH, FL 33467 Mailing Address

10172 CLUB HOUSE TURN RD LAKE WORTH, FL 33467



02242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1103031 Applied For Not Applicable

5. Certificate of Status Desired\_

\$8.75 Additional Fee Required

5. Name and	Address of Curre	nt Registere	d Agent

CUETO, ROBERT L 10172 CLUB HOUSE TURN RD LAKE WORTH, FL 33467

SIGNATURE: 1

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pri fons of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or orthand name of registered agent and title if	applicable (NOTE Registered	Apont alonature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	-	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
THILE NAME STREET ADDRESS CHY-ST-ZIP	PSTD CUETO, ROBERT L 10172 CLUB HOUSE TURN RD LAKE WORTH, FL 33467				U00000085701 03/11/04-80058-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 attaching it with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR