

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90316 003 ***150.00

DOCUMENT # P01000047208

1. Entity Name

CALLE OCHO HOLDINGS, INC.



Principal Place of Business

25 SE 2ND AVE SUITE 790
MIAMI FL 33131

Mailing Address

25 SE 2ND AVE SUITE 780
MIAMI FL 33131

2. Principal Place of Business

3603 SW 8th St

Suite, Apt. #, etc.

Third Floor

City & State

Miami FL

Zip

33135

Country

USA

3. Mailing Address

3603 SW 8th St

Suite, Apt. #, etc.

Third FL

City & State

Miami FL

Zip

33135

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-1103974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLS, FELIPE A JR
3663 SW 8TH ST
THIRD FLOOR
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

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

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

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

TITLE PD ☐ Delete
NAME VALLS, FELIPE A JR
STREET ADDRESS 3663 SW 8TH ST. THIRD FLOOR
CITY-ST-ZIP MIAMI FL 33135

TITLE SD ☐ Delete
NAME TORRES DE NAVARRA, CARLOS
STREET ADDRESS 3663 SW 8TH ST. THIRD FLOOR
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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.

305 446-4916

SIGNATURE:

Carlos Torres de Navarra, CARLOS TORRES DE NAVARRA 4/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #