

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90299 031 \*\*\*158.75

**DOCUMENT # P01000068146**

1. Entity Name

LAWFUL CREDIT, INC.



Principal Place of Business

14180 S.W. 84TH STREET  
SUITE G-202  
MIAMI FL 33183

Mailing Address

P.O BOX 0895  
MIAMI FL 33296

14012437



MOORE

CR2E034 (11/03)

2. Principal Place of Business

8227 SW 147 CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

31-1786301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PINEDA, RICARDO  
14180 SW 84TH STREET  
SUITE G-202  
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

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

8227 SW 147 CT

City MIAMI

FL

Zip Code 33193

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 PT ☐ Delete  
NAME PINEDA, RICARDO L  
STREET ADDRESS 14180 S.W. 84TH STREET G-202  
CITY-ST-ZIP MIAMI FL 33183

TITLE VS ☐ Delete  
NAME PINEDA, SILVINA J  
STREET ADDRESS 14180 S.W. 84TH STREET G-202  
CITY-ST-ZIP MIAMI FL 33183

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 8227 SW 147 CT  
CITY-ST-ZIP MIAMI FL 33193

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8227 SW 147 CT  
CITY-ST-ZIP MIAMI FL 33193

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

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

TITLE ☐ Change ☐ Addition  
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:

SILVINA J. PINEDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-380-0546