

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000072278

1. Entity Name
BORDIAS ENTERPRISES INC.



Principal Place of Business
**10000 NW 80 CT., APT 2135
HIALEAH, FL 33016**

Mailing Address
**10000 NW 80 CT., APT 2135
HIALEAH, FL 33016**



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1128378** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, ROBERTO
10000 NW 80 CT., APT 2135
HIALEAH, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIAZ, ROBERTO P
STREET ADDRESS 10000 N.W. 80 CT., 32135
CITY - ST - ZIP HIALEAH, FL 33016

TITLE VD
NAME BENITEZ, MIREYA
STREET ADDRESS 10000 NW 80 CT., APT 2135
CITY - ST - ZIP HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/12/04-80057-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/04

Date

305-491-2782

Daytime Phone #