

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000075980

1. Entity Name
RENEW OF MIAMI, INC.



Principal Place of Business
423 SW 19TH RD.
MIAMI, FL 33129

Mailing Address
423 SW 19TH RD.
MIAMI, FL 33129



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1126696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, ALEJANDRO
423 SW 19TH RD.
MIAMI, FL 33129

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000324988
04/22/05-80114-012 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOPEZ, ALEJANDRO
STREET ADDRESS 423 SW 19TH RD.
CITY-ST-ZIP MIAMI, FL 33129

TITLE VD
NAME LOPEZ, MIRTA
STREET ADDRESS 423 SW 19TH RD.
CITY-ST-ZIP MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

Alejandro Lopez ALEJANDRO LOPEZ

030805

3058608316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #