

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90361 002 ***150.00

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1. Entity Name

HIGH PROMOTION CORP.



Principal Place of Business

Mailing Address

8600 N.W. 64 STREET, NO. 2
MIAMI FL 33166

8600 N.W. 64 STREET, NO. 2
MIAMI FL 33166

1701 SW 2nd Ave
Miami FL 33129

1701 SW 2nd Ave
Miami FL 33129

2. Principal Place of Business

3. Mailing Address

1701 SW 2nd Ave

1701 SW 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami FL

City & State

miami FL

Zip

33129

Country

USA

Zip

33129

Country

USA

4. FEI Number

65-1134398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAZAR, MIGOALIA
8600 NW 64 ST NO 2
MIAMI FL 33166

Name SALAZAR MIGDALIA

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

1701 SW 2nd Ave

City miami

FL

33129

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

APRIL 15 / 04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME SALAZAR, MIGDALIA
STREET ADDRESS 8600 N.W. 64 STREET, NO. 2
CITY-ST-ZIP MIAMI FL 33166

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

TITLE VPD ☐ Delete
NAME SALAZAR, SORAYA
STREET ADDRESS 8600 N.W. 64 STREET, NO. 2
CITY-ST-ZIP MIAMI FL 33166

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

TITLE VPD ☐ Delete
NAME PACHECO, JEANETTE
STREET ADDRESS 8600 N.W. 64 STREET, NO. 2
CITY-ST-ZIP MIAMI FL 33166

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

TITLE TD ☐ Delete
NAME FERNANDEZ, MARIA TERESA
STREET ADDRESS 8600 N.W. 64 STREET, NO. 2
CITY-ST-ZIP MIAMI FL 33166

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 15 / 04 786-2350102

Date

Daytime Phone #