

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000078997

i. Entity Name
PAGESTREAM CORPORATION



Principal Place of Business
12075 NW 39 STREET
CORAL SPRINGS, FL 33065

Mailing Address
12075 NW 39 STREET
CORAL SPRINGS, FL 33065

FILED

2004 MAY 28 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1129091

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOPEZ, RICHARD
12075 NW 39TH ST.
CORAL SPRINGS, FL 33065

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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
LOPEZ, RICHARD
12075 NW 39TH ST.
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

900037630199
06/03/04--01038--028 **550.00

DO NOT WRITE
IN THIS SPACE

12m

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

Date

Daytime Phone #

5-3-04 754-840-0204