

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000093769

1. Entity Name
**FUNDACION PARA EL DESARROLLO DEL TRABAJO
AMANTINO CORP.**



Principal Place of Business

**20521 SW 124 PLACE
MIAMI, FL 33177**

Mailing Address

**20521 SW 124 PLACE
MIAMI, FL 33177**



06012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1146145

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TINOCO, ADOLFO
20521 SW. 124 PLACE
MIAMI, FL 33177**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
TINOCO, ZITA
20521 SW 124 PLACE
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TINOCO, ANGELICA M
20521 SW 124 PLACE
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TINOCO, ALEJANDRO M
20521 SW 124 PLACE
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
TINOCO, ADOLFO
20521 SW. 124 PLACE
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000162737
06/21/04-80001-011 550.00

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/16/04