

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 29, 2004 8:00 am**  
**Secretary of State**

09-29-2004 90011 001 \*\*\*150.00  
09-29-2004 90011 002 \*\*\*\*\*8.75

**66434248**



06142004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1141690 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

CHIARATO, UGO V  
12000 BISCAYNE BLVD., SUITE 507  
MIAMI, FL 33181

## 7. Name and Address of New Registered Agent

Name Judith Pinos  
Street Address (P.O. Box Number is Not Acceptable)  
2040 NE 177 Terra  
City Miami FL Zip Code 33179

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 Judith Pinos Castillo

(NOTE: Registered Agent signature required when reinstating)

09-29-04  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PINZON, ALFONSO H	
STREET ADDRESS	12000 BISCAYNE BLVD., SUITE 507	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PINZON, LEANDRO A	
STREET ADDRESS	12000 BISCAYNE BLVD., SUITE 507	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] Alfonso Pinzon

09-04-24  
Date

305-051358  
Daytime Phone #

Attachment  
06434248

September 20, 2004

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Tallahassee, FL 32314

ANNUAL REPORT NOTICE  
FER, NUMBER P01000094721

Due to the lack of communication from the account UGO CHIARATO we did not receive the notification of the payment of the Annual Report. For this reason we request to you to allow us to pay the fee of \$150 which is attached to this letter.

Response to this letter or any other mail, please send it to the following address:

2040 NE 197St terrace

Miami, FL 33179

Attentively:



Alfonso Pinzon

President

Julean Professional Services