

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90216 011 ***150.00

DOCUMENT # P01000108842

1. Entity Name
MEA TERRA REALTY, INC.



Principal Place of Business
**% ALLEN & GALEGO
601 BRICKELL KEY DR., SUITE 805
MIAMI, FL 33131**

Mailing Address
**% ALLEN & GALEGO
601 BRICKELL KEY DR., SUITE 805
MIAMI, FL 33131**

94073782



2. Principal Place of Business

C/o Robert Allen Law
Suite, Apt. #, etc.
1441 Brickell Ave. Suite 1014
City & State
Miami, FL
Zip
33131

3. Mailing Address

C/o Robert Allen Law
Suite, Apt. #, etc.
1441 Brickell Ave. Suite 1014
City & State
Miami, FL
Zip
33131

04292004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1152999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN & GALEGO
601 BRICKELL KEY DR.
SUITE 805
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Robert Allen Law**
Street Address (P.O. Box Number is Not Acceptable)
1441 Brickell Ave., Suite 1014
City **Miami** FL Zip Code **33131**

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

By: **Robert Allen, Jr. President** 4/28/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	PERALTA-SALAZAR, LUIS F	
STREET ADDRESS	601 BRICKELL KEY DR #805	
CITY-ST-ZIP	MIAMI, FL 33131	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERALTA-SALAZAR, LUIS F	
STREET ADDRESS	1441 BRICKELL AVE. SUITE 1014	
CITY-ST-ZIP	MIAMI, FL 33131	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Allen, Jr. 4/29/04 305-372-3300

Date

Daytime Phone #