

2004 FOR PROF. CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90011 041 ***150.00

DOCUMENT # P01000112235

1. Entity Name
P.R. ELMO, INC.



Principal Place of Business

930 NE 8TH STREET
MIAMI, FL 33138

Mailing Address

8321 NE 3RD AVE
MIAMI, FL 33138

24075423



2. Principal Place of Business

8321 NE 3rd Ave

3. Mailing Address

Suite, Apt. #, etc.

SAME

03012004

Chg-P

CR2E034 (10/03)

City & State

MIAMI FLA.

City & State

4. FEI Number

65-1156475

Applied

Not App

Zip

Country

Zip

Country

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

TICE, JAMES E
16220 SW 280TH STREET
HOMESTEAD, FL 33031

Name

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

City

FL

Zip Code

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 understand 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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHEVARRIA, ELVIS 8321 NE 3RD AVE MIAMI, FL 33138	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, changed, or on an attachment with an address, with all other like empowered.

[Signature]