


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90016 024 ***150.00

DOCUMENT # P01000112924	
1. Entity Name TRECAS INVESTMENT CORPORATION	

Principal Place of Business 1000 BRICKELL AVE, STE 420 MIAMI, FL 33131	Mailing Address 1000 BRICKELL AVE, STE 420 MIAMI, FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1150 N.W. 72nd Ave 556
City & State	City & State Miami, FL
Zip	Country
	33126

05242004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0684828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, JORGE A 901 PONCE DE LEON BLVD, STE 601 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANZAFAME, ALFIO 1000 BRICKELL AVE, STE 420 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANZAFAME, MORELA 1000 BRICKELL AVE, STE 420 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alfio Lanzafame* **Alfio Lanzafame** 5/20/04 305-994-7133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

2407777
P01000112924

TRECAS INVESTMENT CORPORATION
1000 Brickell Avenue #420
Miami, Florida, 33131

May 24, 2004

Florida Department of State,
P.O. Box 6850,
Tallahassee, Fl. 32314

Gentlemen:

We have just became aware that we had not filed the Annual Report for the year 2004, the main reason being that we did not receive the required forms from your office. We understand that this year these forms were not mailed by your office

Our accountant has been able to obtain the required form which we are attaching herewith with our check for \$150.00 and we are respectfully requesting from your office that the penalties for late filing be abated for the reasons mentioned above.

Thank you for your assistance in this matter.

Respectfully,

TRECAS INVESTMENT CORPORATION


Alfio Lanzafame
President