

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90573 006 ***150.00

DOCUMENT # P01000116469

1. Entity Name

**MATT MILLA BROKERS AND PURCHASING AGENCY,
INC.**



Principal Place of Business

**5420 PIONEER PARK BOULEVARD
SUITE D
TAMPA FL 33634**

Mailing Address

**PO BOX 262814
TAMPA FL 33605**

94066745



MOORE CR2E034 (11/03)

2. Principal Place of Business

5410 PIONEER PARK.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE D

City & State

TAMPA, FL

City & State

City & State

Zip

33634

Country

USA

Zip

Zip

Country

Country

4. FEI Number

59-3759328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PACHECO, FELIPE R
5420 PIONEER PARK BOULEVARD
SUITE D
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name

MILLA, MATIAS

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

**5410 PIONEER PARK BLVD
SUITE D**

City

TAMPA

FL

Zip Code

33634

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]

MATIAS MILLA

04/20/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MILLA, MATIAS
STREET ADDRESS 5420 PIONEER PARK BOULEVARD, SUITE D
CITY-ST-ZIP TAMPA FL 33634

TITLE V ☐ Delete
NAME FERLITA, MADLEIN M
STREET ADDRESS 5420 PIONEER PARK BOULEVARD, SUITE D
CITY-ST-ZIP TAMPA FL 33634

TITLE SD ☐ Delete
NAME MILLA, MATILDE Z
STREET ADDRESS 5420 PIONEER PARK BOULEVARD, SUITE D
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MILLA, MATIAS**
STREET ADDRESS **5410 PIONEER PARK SUITE D**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **VP** ☒ Change ☐ Addition
NAME **FERLITA, MADLEIN M.**
STREET ADDRESS **5410 PIONEER PARK SUITE D**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **SIT** ☒ Change ☐ Addition
NAME **MILLA, MATILDE Z**
STREET ADDRESS **5410 PIONEER PARK SUITE D**
CITY-ST-ZIP **TAMPA, FL 33634**

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

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

TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATIAS MILLA

Date

Daytime Phone #

813-240-4178