

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90093 035 \*\*\*150.00

**DOCUMENT # P02000020937**

1. Entity Name

LA CUARTA JOTA, INC.



Principal Place of Business

2675 S.W. 163RD ST. RD.  
SUMMERFIELD FL 34491

Mailing Address

2675 S.W. 163RD ST. RD.  
SUMMERFIELD FL 34491

2. Principal Place of Business

1920 SE 145 Street

3. Mailing Address

1920 SE 145 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Summerfield FL

City & State

Summerfield FL

4. FEI Number

38-3643907

Applied For

Not Applicable

Zip

34491

Country

US

Zip

34491

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, JAVIER  
2675 S.W. 163RD ST. RD.  
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

Name-

Javier Suarez

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

1920 SE 145 Street

City

Summerfield

FL

Zip Code

34491

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 \$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 D ☐ Delete  
NAME SUAREZ, JAVIER  
STREET ADDRESS 2675 S.W. 163RD ST. RD.  
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 P.D. ☒ Change ☐ Addition  
NAME Javier Suarez  
STREET ADDRESS 1920 SE 145 Street  
CITY-ST-ZIP Summerfield FL 34491

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/04