

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000022508

1. Entity Name
WOODTHRUSH 14-179 CORP.



Principal Place of Business
LOT 14 WOODTHRUSH ST.
PUNTA GORDA ISLES
PUNTA GORDA, FL 33950 US

Mailing Address
BCO. POPULAR CENTER BLDG.
208 PONCE DE LEON AVE., SUITE 1426
SAN JUAN, PR 00918-1033



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASILIO, MIRIAM G
2539 RIO PALERMO COURT
PUNTA GORDA ISLES
PUNTA GORDA, FL 33950

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 D
NAME GAZTAMBIDE, MARIO
STREET ADDRESS 2333 BRICKELL AVE., #2805
CITY-ST-ZIP MIAMI, FL 33129

TITLE D
NAME GAZTAMBIDE, JOSE
STREET ADDRESS 1663 LILAS STREET
CITY-ST-ZIP SAN JUAN, PR 00927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/29/04-80014-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Mario F G
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/21/04 Daytime Phone #