

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90013 048 ***150.00

DOCUMENT # P02000023159

1. Entity Name
AMIGOS DEL REY, INC.



Principal Place of Business
**110 PHOENETIA AVE
CORAL GABLES, FL 33134 US**

Mailing Address
**110 PHOENETIA AVE
CORAL GABLES, FL 33134 US**

44023402



DO NOT WRITE IN THIS SPACE

01242004 No Chg-P CR2E034 (10/03)

4. FEI Number
94-3425069

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LINDELIE, ANITA
110 PHOENETIA AVE
CORAL GABLES, FL 33134**

**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 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 LINDELIE, ANITA 110 PHOENETIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BERNAL, DORA A 110 PHOENETIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD IZA, NURYS 110 PHOENETIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DIAZ, SAHIA 110 PHOENETIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #