

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90005 048 ***158.75

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1. Entity Name
ALEXIA REALTY, INC.

Principal Place of Business
**9939 NW 122 STREET
HIALEAH GARDENS, FL 33018**

Mailing Address
**9939 NW 122 STREET
HIALEAH GARDENS, FL 33018**

54024453



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

74-3065637

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, JESUS L
9939 N.W. 122ND STREET
HIALEAH GARDENS, FL 33018**

Name **Pedro Emilio Reyes**

Street Address (P.O. Box Number is Not Acceptable)
15571 SW 147 AVE

City **MIAMI**

FL

Zip Code **33187**

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]

Pedro Emilio Reyes

3/27/04

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**

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
**STD
HERNANDEZ, JESUS L
9939 N.W. 122 ST.
HIALEAH GARDENS, FL 33018** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HERNANDEZ, ALEXIA
9939 N.W. 122 ST.
HIALEAH GARDENS, FL 33018** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Alexia Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/04
Date

305-821-1016
Daytime Phone #