

2004 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2004 90001 033 ***150.00
P02000029938

DOCUMENT # P02000029938

1. Entity Name
ALWAYS INSURANCE AGENCY OF WESTON, INC.



FILED

04 JUN 28 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2900 GLADES CIRCLE, #475
WESTON, FL 33327

Mailing Address
2900 GLADES CIRCLE, #475
WESTON, FL 33327

2. Principal Place of Business
3819 West Gardenia Ave
Suite, Apt. #, etc.

3. Mailing Address
3819 West Gardenia Ave
Suite, Apt. #, etc.

City & State
Weston Florida

City & State
Weston Florida

Zip
33332

Country

USA

Zip
33332

Country

USA

06092004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1144474

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELENDEZ, AGUSTIN
2700 GLADES CIRCLE
SUITE 108
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name
AGUSTIN MELENDEZ

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

3819 West Gardenia Ave

City
Weston

FL

Zip Code
33332

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 re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	D MELENDEZ, AGUSTIN 2900 GLADES CIRCLE, #475 WESTON, FL 33327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, CARMEN 2900 GLADES CIRCLE, #475 WESTON, FL 33327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELENDEZ, AGUSTIN 3819 West Gardenia Ave Weston Florida 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, CARMEN 3819 West Gardenia Ave Weston Florida 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

Attachment

374058368

ALWAYS INSURANCE AGENCY OF WESTON

3819 West Gardenia Avenue
Weston, Florida 33332

June 10, 2004

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302

Subject: Always Insurance of Weston, Inc.
Reference Number P02000029938

To whom it may concern:

We are sorry that we have not been able to file our **Annual Report for 2004** on time.

On May 8, 2003, unfortunately, the Annual Report for 2003 was returned back to us because of an incomplete filing form. On May 29, 2003 we send back the corrected form via Certified Mail and no response was received by the Department. After four month of waiting we decide to contact the Department and spoke to Katty on October 23, 2003. As Katty request we send her another copy of the document via Fax. No response was received other than the corporation was inactive. Finally we called back Katty on June 8, 2004 and was informed by her that our corporation became active on November 2003 without our knowledge.

Enclosed you will find the 2004 Annual Report and the \$ 150.00 filing fees. Due to the inconveniences we had on 2003 we are requesting from the Department that the penalty be removed.

Sincerely yours

Always Insurance of Weston, Inc.

Agustin Mendez

Agustin Mendez
President