

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000030221

1. Entity Name
ILKA MUNOZ CORP.



Principal Place of Business
1717 N BAYSHORE DR, APT 1050
MIAMI, FL 33132

Mailing Address
1717 N BAYSHORE DR, APT 1050
MIAMI, FL 33132

FILED

04 FEB 16 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3624489
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, ILKA
1717 N BAYSHORE DR
APT 1050
MIAMI, FL 33132

**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

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

TITLE
NAME
DPS
MUNOZ, ILKA
STREET ADDRESS
1717 N BAYSHORE DR, APT 1050
CITY-ST-ZIP
MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900029124849
02/20/04--01027--011 **8.75

900029124849
02/20/04--01027--010 **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:

Ilka Munoz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-2004 305-371-4788

Date

Daytime Phone #