

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90646 032 ***150.00

DOCUMENT # P02000036975

1. Entity Name
ESCENAVILA SCENIC DESIGNERS INC.



Principal Place of Business
**3057 CORAL SPRINGS DRIVE #106
CORAL SPRINGS, FL 33065**

Mailing Address
**3057 CORAL SPRINGS DRIVE #106
CORAL SPRINGS, FL 33065**

140000010



2. Principal Place of Business

7305 N.W. 56 ST
Suite, Apt. #, etc.

3. Mailing Address

3057 Coral Springs Dr #106
Suite, Apt. #, etc.
#106

02262004

Chg-P

CR2E034 (10/03)

City & State

Miami FL

City & State

Coral Springs FL

4. FEI Number

90-0036466

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

FL

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AVILA, ALEJANDRO
3057 CORAL SPRINGS DRIVE #106
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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	D	<input type="checkbox"/> Delete
NAME	AVILA, ALEJANDRO	
STREET ADDRESS	3057 CORAL SPRINGS DRIVE #106	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, JOSE O	
STREET ADDRESS	2075 SW 122 AVENUE #503	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castro, Jose	
STREET ADDRESS	4616 N.W. 114 AVE #1009	
CITY-ST-ZIP	Miami FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alejandro Avila 2/29/04

Date

Daytime Phone #