2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000041492

1. Entity Name
CEPERO INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
9310 SW 79 ST MIAMI, FL 33173	9310 SW 79 ST MIAMI, FL 33173

03152004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0677008	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CEPERO, JOSE M
9310 SW 79 ST
MIAMI, FL 33173

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	PD
NAME	CEPERO, JOSE M
STREET ADDRESS	9310 SW 79 ST
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	VD
NAME	CEPERO, REGLA
STREET ADDRESS	9310 SW 79 ST
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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03/18/04--80017-018 150.00

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: _José M. Cepero_   03-15-04   305-9780930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   305-275-5596 Daytime Phone #