

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90198 031 ***150.00

24068420



04262004 Chg-P CR2E034 (10/03)

4. FEI Number **04-3649418** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

BRATTER, JOSHUA P ESQ.
777 17TH STREET, PENTHOUSE SUITE
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name **DIAZ CARLOS**

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

1055 92 Street #1

City **BAY Harbor Island** FL

Zip Code **33154**

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 *Carlos A. Diaz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-04

**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** ☐ Delete
NAME **DIAZ, CARLOS**
STREET ADDRESS **777 17TH STREET, PENTHOUSE SUITE**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **VPD** ☐ Delete
NAME **PEREZ, JACKELINE**
STREET ADDRESS **777 17TH STREET, PENTHOUSE SUITE**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **DIAZ CARLOS**
STREET ADDRESS **1055 92 Street #1**
CITY-ST-ZIP **BAY Harbor Island FL 33154**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Perez Jackeline**
STREET ADDRESS **1055 92 Street #1**
CITY-ST-ZIP **BAY Harbor Island FL 33154**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 any address, with all other like empowered.

SIGNATURE:

Carlos A. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04

Date

Daytime Phone #