


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90185 005 ***150.00

DOCUMENT # P02000045137	
1. Entity Name 420 PROPERTY INC.	

Principal Place of Business 8550 NW 33RD STREET SUITE 200 MIAMI, FL 33122	Mailing Address 8550 NW 33RD STREET SUITE 200 MIAMI, FL 33122
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14020446



2. Principal Place of Business 5835 BLUE LAGOON DR. Suite, Apt. #, etc. SUITE 200 City & State MIAMI, FL Zip 33126 Country US	3. Mailing Address 5835 BLUE LAGOON DR. Suite, Apt. #, etc. SUITE 200 City & State MIAMI, FL Zip 33126 Country US
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04262004 Chg-P CR2E034 (10/03)

4. FEI Number 47-0864839	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUARTE-VIERA, ANIBAL J ESQ. 8550 NW 33RD STREET SUITE 200 MIAMI, FL 33122	
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7. Name and Address of New Registered Agent	
Name DUARTE-VIERA, ANIBAL J. ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 5835 BLUE LAGOON DRIVE SUITE 200	
City MIAMI	FL Zip Code 33126

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 ANIBAL J. DUARTE-VIERA, ESQ. DATE 4-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET SUITE 200 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUARTE-VIERA, ANIBAL J. 5835 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: ANIBAL J. DUARTE-VIERA DATE 4-26-04 DAYTIME PHONE # 305-461-5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR