

2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/6/2004

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-06-2004 90005 048 ***150.00

DOCUMENT # P02000046016

1. Entity Name
CABEZA HOLDINGS, CORP.



Principal Place of Business
**6861 NW 113 CT.
MIAMI, FL 33178**

Mailing Address
**6861 NW 113 CT.
MIAMI, FL 33178**

66430076



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

02-0604468

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABEZA, GUILLERMO J
6558 NW 113 PL
MIAMI, FL 33178**

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 fee 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** ☐ Delete
NAME **CABEZA, GUILLERMO J**
STREET ADDRESS **6558 NW 113 PL**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 an address, with all other like empowered.

[Signature] 7/14/04

Attachment
Doc # P02000046016
66430076

July 2, 2004

To Whom It May Concern:

I have received a "notice of intent to dissolve" for the following corporations:

Cabeza Foundation #N03000009142

Cabeza Holdings #P02000046016

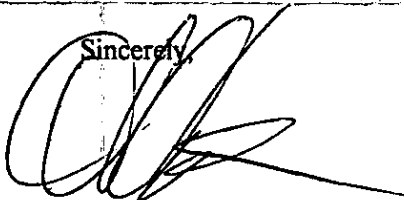
Aircraft Management International #P02000135177

You were sent the Annual Filing with payment on April 30, 2004 certified mail return receipt requested with a credit card payment for each filing. I have documentation showing that a Damien Peterson signed for the package on May 4, 2004. If the credit card payment was unacceptable, the responsibility is yours because the electronic filing was not working properly on April 30, 2004 and when I spoke to one of the representatives in your department that night, he informed me that there was nothing he could do to remedy the situation and mailing in the credit card information would be acceptable. It is now July, and in the past two months, no one from your office has contacted me by phone or mail to inform me that there was any problem with the documents that were submitted.

To remedy the situation, I have enclosed a separate check for the filing of each of the businesses. I expect all of the corporations to return to being in-good-standing immediately and with no note of arrears on the accounts as the payments were timely.

If you have any questions, or require further information, please contact me at (305) 761-7766. I will await written confirmation that this matter has been satisfactorily resolved.

Sincerely,



Anjanette Cabeza, DVM