

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000051743

1. Entity Name

L'ATELIER BY HUGO ESPINA, INC.



Principal Place of Business

2355 SALZEDO STREET
STE 315
MIAMI, FL 33134

Mailing Address

2355 SALZEDO STREET
STE 315
MIAMI, FL 33134

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90027 007 ***150.00



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number

02-0633623 02-0633623

Applied For

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

ESPINC, HUGO
5310 COLLIUS AVE APT 1109
MIAMI BEACH, FL 33140

**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

3/30/04

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	P
NAME	ESPINA, HUGO
STREET ADDRESS	5313 COLLINS AVE APT 1109
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	V
NAME	ESPINA, CLARET
STREET ADDRESS	5513 COLLINS AVENUE, APT. 1109
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/04