

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90241 042 \*\*\*150.00

**DOCUMENT # P02000061795**

1. Entity Name  
**SINFIN CONSTRUCTION CORP.**



Principal Place of Business  
~~14525 SW 57 TERRACE~~  
~~MIAMI, FL 33183~~

Mailing Address  
~~14525 SW 57 TERRACE~~  
~~MIAMI, FL 33183~~

**94075009**

2. Principal Place of Business  
**7345 SW 148 CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 162856**  
Suite, Apt. #, etc.



04282004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL.**  
Zip  
**33193** Country  
**DADE**

City & State  
**MIAMI, FLA.**  
Zip  
**33116** Country  
**DADE**

4. FEI Number  
**01-0706276** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOMARRON, ARMANDO A**  
**14525 SW 57 TERR**  
**MIAMI FL 33183**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**7345 SW 148 CT**  
City **MIAMI** FL **33193**

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

**4-28-04**

**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	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	<b>JOMARRON, ARMANDO A</b>	<b>14525 SW 57 TERRACE</b>	<b>MIAMI, FL 33183</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	<b>7345 SW 148 CT</b>	<b>MIAMI, FL 33193</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 titles empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-04**

Date

**786-299-4129**

Daytime Phone #