

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90001 010 \*\*\*150.00

DOCUMENT # P02000075337

1. Entity Name  
TONY'S TRANSFER, INC



Principal Place of Business  
17233 NW 73 CT  
MIAMI, FL 33015

Mailing Address  
P.O. BOX 174173  
MIAMI, FL 33017

**54064491**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

46-0515311

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

7. Name and Address of New Registered Agent

SOLER, ANTONIO P  
17233 NW 73 CT  
MIAMI, FL 33015

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SOLER, ANTONIO SR  
STREET ADDRESS 17233 NW 73 CT.  
CITY-ST-ZIP MIAMI, FL 33015 ☐ Delete

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

TITLE V  
NAME SOLER, ANTONIO JR  
STREET ADDRESS 17233 NW 73 CT.  
CITY-ST-ZIP MIAMI, FL 33015 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JULY 19, 2004

*Attachment*

*54064491*

TONY'S TRANSFER, INC.  
P.O. BOX 174173  
MIAMI, FLORIDA 33017-4173  
786 210 0624

July 6, 2004

Florida Department of State  
Division of Corporation  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: 2004 Uniform Business Report  
Document No. P 02000075337

To Whom It May Concern:

Please be advised that we have not received the renewal form for the current year renewal. We are enclosing our check No. 1153 in the amount of One Hundred Fifty ( \$ 150.00 ) dollars and no Cents for the renewal of the Corporation License. Please send us the current certificate renewal.

Thanking you in advance for your prompt attention to this matter.

Very Truly Yours,



Antonio Soler  
President

AS/jc



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 13, 2004

TONY'S TRANSFER, INC  
P.O. BOX 174173  
MIAMI, FL 33017

SUBJECT: TONY'S TRANSFER, INC  
Ref. Number: P02000075337

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 404A00044575