

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 15 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000078063		
1. Entity Name STINOCO'S CORP.		
Principal Place of Business 5440 N State Rd 7 Suite 219 Fort Lauderdale FL 33319		Mailing Address 5440 N State Rd 7 Suite 219 Fort Lauderdale FL 33319
2. Principal Place of Business 5440 N STATE RD 7 Suite, Apt. #, etc. 219		3. Mailing Address 5440 N State Rd 7 Suite, Apt. #, etc. 219
City & State Fort Lauderdale		City & State Fort Lauderdale
Zip 33319 Country Broward		Zip 33319 Country Broward

4. FEI Number 33-1014402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TINOCO Samuel 6847 Bridlewood Ct Boca Raton, FL 33433		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____	
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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:

(NOTE: Registered Agent signature required when reinstating)

04/07/04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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

Office Manager
RICARDO ANDRES ARREDONDO
601 NW 42 Ave Apto A201
Plantation FL 33317

400033109314
04/20/04--01016--002 **150.00

400033109314
04/20/04--01016--003 **8.75

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

04/07/04
Date

Daytime Phone #