


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90418 011 ***150.00

DOCUMENT # P02000079789	
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1. Entity Name
SATELLITE SHOP, INC.

Principal Place of Business

11900SW 144CT
#3
MIAMI, FL 33186

Mailing Address

6223SW 131CT
APT:203
MIAMI, FL 33183



2. Principal Place of Business

11900 SW 144 CT

3. Mailing Address

11900 SW 144 CT

Suite, Apt. #, etc.

BUILDING #3

Suite, Apt. #, etc.

BUILDING #3

City & State

MIAMI - FLA

City & State

MIAMI - FLA

Zip

33186

Country

USA

Zip

33186

Country

USA

02262004

Chg-P

CR2E034 (10/03)

4. FEI Number

76-0705772

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREA, ALI
6223SW 131CT
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name ANDREA, ALI

Street Address (P.O. Box Number is Not Acceptable)

5472 NW 190 STREET

City

MIAMI

FL

Zip Code

33055

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

Ali Andrea

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when renouncing)

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	PD	<input type="checkbox"/> Delete
NAME	ANDREA, ALI	
STREET ADDRESS	6223SW 131CT	
CITY-ST-ZIP	MIAMI, FL 33183	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ali Andrea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2004

Date

Daytime Phone #