

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084077

1. Entity Name
**STEVE AGUILAR PROFESSIONAL HITTING SCHOOL,
INC.**



Principal Place of Business
**8511 PASADENA BOULEVARD
PEMBROKE PINES, FL 33024**

Mailing Address
**8511 PASADENA BOULEVARD
PEMBROKE PINES, FL 33024**

DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AGUILAR, STEVE
8511 PASADENA BOULEVARD
PEMBROKE PINES, FL 33024**

**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 restate)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AGUILAR, STEVE
8511 PASADENA BOULEVARD
PEMBROKE PINES, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U0000000771G1
03/05/04-80031-004 150.00

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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)(f), 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:

Steve Aguilar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04 *954-214-5432*
Date Daytime Phone #