

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90511 001 ***150.00

DOCUMENT # P02000086074

1. Entity Name
FUTURO 1807, INC.



Principal Place of Business
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD, FL 33021

Mailing Address
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD, FL 33021

2. Principal Place of Business
18851 N.E. 29th Ave
Suite, Apt. #, etc. 900

3. Mailing Address
18851 NE 29th Ave
Suite, Apt. #, etc. 900

City & State
Aventura FL
Zip 33180 Country USA

City & State
Aventura FL
Zip 33180 Country USA

04212004 Chg-P CR2E034 (10/03)

4. FEI Number
76-0712135
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROUSSO, MARK E ESQ
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
Name ROUSSO MARK E
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th Ave # 900
City Aventura FL Zip Code 33180

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 Mark Roussso DATE 04/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD	<input type="checkbox"/> Delete
NAME	TRUJILLO, JORGE E	
STREET ADDRESS	3440 HOLLYWOOD BLVD STE 360	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VS	<input type="checkbox"/> Delete
NAME	POLANIA, ESPERANZA	
STREET ADDRESS	3440 HOLLYWOOD BLVD STE 360	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18851 NE 29th Ave # 900	
STREET ADDRESS	Aventura FL 33180	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18851 NE 29th Ave # 900	
STREET ADDRESS	Aventura FL 33180	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Jorge Trujillo Jorge Trujillo DATE 04/20/04 DAYTIME PHONE # 7862790000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR