

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 MAY 10 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082004 No Chg-P CR2E034 (10/03) 04

4. FEI Number
76-0712570

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE TORO, MIRIAM CPA
231 ALTARA AVE.
CORAL GABLES, FL 33146

**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 reinstating)

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

300037439263
06/01/04 01027 022 **1050.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ARREAZA, LUIS
STREET ADDRESS 231 ALTARA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME ARREAZA, DALY V
STREET ADDRESS 231 ALTARA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME GOMEZ DE ARREAZA, IGDALIA
STREET ADDRESS 231 ALTARA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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

4/28/04 (305)448-1648
Date Daytime Phone #