

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90012 026 \*\*\*150.00

**DOCUMENT # P02000112688**

1. Entity Name  
**ALTOS 42 NW, INC.**



Principal Place of Business  
**1320 SOUTH DIXIE HIGHWAY  
SUITE 280  
CORAL GABLES, FL 33146**

Mailing Address  
**2600 SW 3RD AVENUE  
SUITE 730  
MIAMI, FL 33129**

**54026275**



03172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2065517**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GUZMAN, MARIO  
TWO DATRON CENTER  
9130 S DADELAND BLVD STE 1504  
MIAMI, FL 33156**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	AZZOLLINI DOMIC, ENRIQUE ANIBAL
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY, SUITE 280
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	BAGUETTE DOMIC, GUILLERMO
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY, SUITE 280
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

**PD. ENRIQUE ANIBAL AZZOLLINI**

Date

**03/23/04. 305 670 1991**

Daytime Phone