

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90024 018 ***158.75

DOCUMENT # P02000127710

1. Entity Name

VAMPIRE HOLDINGS, INC.



Principal Place of Business

1150 NW 72 AVENUE
PENTHOUSE 2
MIAMI FL 33126

Mailing Address

1150 NW 72 AVENUE
PENTHOUSE 2
MIAMI FL 33126

2. Principal Place of Business

7240 S.W. 121 st.

Suite, Apt. #, etc.

3. Mailing Address

7240 S.W. 121 st.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MIAMI, FL.

City & State

MIAMI - FL.

4. FEI Number

35-2190075

Applied For

Not Applicable

Zip

33183

Country

U.S.A

Zip

33183

Country

U.S.A

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

6. Name and Address of Current Registered Agent

GARCIA, PEDRO
1150 NW 72 AVENUE
PENTHOUSE 2
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Pedro Garcia PTD

(NOTE: Registered Agent signature required when reinstating)

2.9.04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME GARCIA, PEDRO
STREET ADDRESS 1150 NW 72 AVENUE #2
CITY-ST-ZIP MIAMI FL 33126

TITLE VD ☐ Delete
NAME MOURIZ, JANET
STREET ADDRESS 1150 NW 72 AVENUE #2
CITY-ST-ZIP MIAMI FL 33126

TITLE SD ☐ Delete
NAME MECHETT, NAOS
STREET ADDRESS 1150 NW 72 AVENUE #2
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Pedro Garcia PTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.9.04

Date

(305) 926-6789

Daytime Phone #