

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91058 033 ***150.00

DOCUMENT # P03000001329

1. Entity Name
P&G FURRING, INC.



Principal Place of Business
**10824 SW 2ND ST
SUITE 221
MIAMI, FL 33174 US**

Mailing Address
**10824 SW 2ND ST
SUITE 221
MIAMI, FL 33174 US**

94082474

2. Principal Place of Business
1744 S.W. 3rd St

3. Mailing Address
1744 S.W. 3rd St

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.
#3

City & State
Miami FL

City & State
Miami FL

Zip
33135

Country
USA

Zip
33135

Country
USA



04302004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0664196

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CLOPAC INCORPORATED
8100 SW 19 ST
MIAMI, FL 33155**

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 _____ (NOTE: Registered Agent signature required when re-registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME GARCIA, JULIO STREET ADDRESS 1744 SW 3RD ST CITY-ST-ZIP MIAMI, FL 33135 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 or without the empowerment.

SIGNATURE **X** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/04 305-345-3184