

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 91209 036 ***150.00

DOCUMENT # P03000003947 1. Entity Name KABELLOS, INC					
Principal Place of Business 3434 W. COLUMBUS DR., SUITE 110 TAMPA, FL 33607			Mailing Address 3434 W. COLUMBUS DR., SUITE 110 TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 54-2091805			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GONZALEZ, LUIS 12204 DAWN VISTA DR. RIVERVIEW, FL 33569			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, LUIS ☐ Delete 12204 DAWN VISTA DR. RIVERVIEW, FL 33569				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, STEPHANIE ☐ Delete 12204 DAWN VISTA DR. RIVERVIEW, FL 33569				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ 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)(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: <u>Stephanie Gonzalez</u> 4/30/04 998-0004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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