

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000009266

1. Entity Name
412 (I) PLANS, INC.



FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90029 023 ***150.00

Principal Place of Business
10691 NORTH KENDALL DRIVE
SUITE 207
MIAMI, FL 33176

Mailing Address
10691 NORTH KENDALL DRIVE
SUITE 207
MIAMI, FL 33176



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02242004 Chg-P CR2E034 (10/03)

4. FEI Number
85-0486512
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SNIDER, ROBERT N
10691 NORTH KENDALL DRIVE
SUITE 207
MIAMI, FL 33176

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, WILLIAM H JR		NAME		
STREET ADDRESS	P.O. BOX 1132		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 327901132		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SNIDER, Robert N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIDER, ROBERT N JR		NAME		
STREET ADDRESS	10691 NORTH KENDALL DRIVE SUITE 207		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENAFIEL, ROBERTO		NAME		
STREET ADDRESS	1 CENTURY LANE #610		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEAN, FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Robert N. Snider 3/5/04 305-595-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #