


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 28, 2004 8:00 am
Secretary of State

04-23-2004 90228 042 ***150.00

DOCUMENT # P03000011432			
1. Entity Name LANDESTROY AWNINGS, INC.			
Principal Place of Business 615 FOREST DRIVE SUITE #202 MIAMI SPRINGS, FL 33166		Mailing Address 615 FOREST DRIVE SUITE #202 MIAMI SPRINGS, FL 33166	
2. Principal Place of Business 1624 W 33 PL		3. Mailing Address 1624 W 33 PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33012		Zip 33012	
Country		Country	
4. FEI Number 42-1579963		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04172004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LANDESTROY, CARLOS 615 FOREST DRIVE SUITE #202 MIAMI SPRINGS, FL 33166		7. Name and Address of New Registered Agent Name Landestroy, Carlos Street Address (P.O. Box Number is Not Acceptable) 1624 W 33 PL City Miami FL Zip Code 33012	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDESTROY, CARLOS 615 FOREST DRIVE SUITE 202 MIAMI SPRINGS, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Landestroy, Carlos 1624 W 33 PL Miami, FL 33012
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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: _____		Date 06-19-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	