

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90072 015 \*\*\*150.00

**DOCUMENT # P03000016283**

1. Entity Name  
**FARINA SERVICE, INC.**



Principal Place of Business  
1995 BAY DR #15  
MIAMI BEACH, FL 33141

Mailing Address  
1995 BAY DR #15  
MIAMI BEACH, FL 33141

**24051836**



2. Principal Place of Business  
**2135 NORMANDY DR.**  
Suite, Apt. #, etc.  
**112 A**

3. Mailing Address  
**2135 NORMANDY DR.**  
Suite, Apt. #, etc.  
**112 A**

04092004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI BEACH FL**

City & State  
**MIAMI BEACH FL**

4. FEI Number  
**54-2101070**

Applied For  
Not Applicable

Zip  
**33141**

Country

Zip  
**33141**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FARINA, NORBERTO J**  
**1995 BAY DR #15**  
**MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name

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

**2135 NORMANDY DR. # 112-A**

City

**MIAMI BEACH**

FL

Zip Code

**33141**

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 reinstating)

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

TITLE PD ☐ Delete  
NAME **FARINA, NORBERTO J**  
STREET ADDRESS **1995 BAY DR #15**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **2135 NORMANDY DR. # 112-A**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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: **Farina**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/09/04**  
Date

Daytime Phone #

Attachment

24051836

#03000016283

**A&M Accounting & Management Co. Inc.**

Member of National Society of Accountants- Notary Public  
Certified Tax Professional

AMELIA JAVIER

TE#(305) 893-2670  
893-2669

FAX#(305)893-7231

^ Immigration  
^ Corporate Monthly Accounting  
^ Personal & Corp. Income Tax

E-MAIL: AJMR@BELLSOUTH.NET

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