

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

03-29-2004 90408 042 ***150.00

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1. Entity Name

BROTHER TOM'S HOUSE OF CANDLES, INC.



Principal Place of Business
13727 N.W. 7TH AVENUE
MIAMI FL 33168

Mailing Address
13727 N.W. 7TH AVENUE
MIAMI FL 33168

66423446



MOORE CRZE034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2118734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABRERA, ANA
13727 N.W. 7TH AVENUE
MIAMI FL 33168**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$350.00

Make Check Payable to Florida Department of State

**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	P GUTIERREZ, DOMINICA 13727 N.W. 7TH AVENUE MIAMI FL 33168	☐ 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
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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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)(f), 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:

Dominica Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kris May 22 2004