


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN 18 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016919			
1. Entity Name BAHIA HONDA REAL ESTATE INVESTMENTS VI, INC.			
Principal Place of Business 2450 SW 137TH AVE., SUITE 228 MIAMI, FL 33175		Mailing Address 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175		Name <u>A&A Registered Agent, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2450 SW 137 Avenue</u> <u>Suite 221</u> City <u>Miami</u> FL Zip Code <u>33175</u>	
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 <u>Gretel Rodriguez, President</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>4/7/04</u> (NOTE: Registered Agent signature required when reinstating)	
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	D ADRIAN, PEDRO J 2450 SW 137TH AVE., SUITE 228 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



01222004 Chg-P CR2E034 (10/03)

4. FEI Number 41-2079491 Applied For
Not Applicable

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

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