

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90041 009 \*\*\*150.00

**DOCUMENT # P03000021365**

**1. Entity Name**  
**CIENFUEGOS POWER STEERING, INC.**



**Principal Place of Business**  
**4110 E. 11TH AVENUE**  
**HIALEAH, FL 33013**

**Mailing Address**  
**4110 EAST 11TH AVENUE**  
**HIALEAH, FL 33013**

04040392



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122004

Chg-P

CR2E034 (10/03)

City & State

City & State

**4. FEI Number**

**83-0350417**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RAMON, HERNANDEZ**  
**116 EAST 59TH STREET**  
**HIALEAH, FL 33013**

**7. Name and Address of New Registered Agent**

Name **RAMON HERNANDEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**4110 E. 11 AVE**  
**HIALEAH**  
City **FL** Zip Code **33013**

**B. 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**

*Ramon Hernandez*

**RAMON HERNANDEZ President 3-10-04**

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** **P** ☒ Delete  
**NAME** **HERNANDEZ, RAMON**  
**STREET ADDRESS** **116 EAST 59TH STREET**  
**CITY-ST-ZIP** **HIALEAH, FL 33013**

**TITLE** **VP** ☒ Delete  
**NAME** **HERNANDEZ, RONALD**  
**STREET ADDRESS** **116 EAST 59TH STREET**  
**CITY-ST-ZIP** **HIALEAH, FL 33013**

**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** **P** ☒ Change ☐ Addition  
**NAME** **HERNANDEZ, RAMON**  
**STREET ADDRESS** **4110 E. 11 AVE**  
**CITY-ST-ZIP** **HIALEAH, FL 33013**

**TITLE** **VP** ☒ Change ☐ Addition  
**NAME** **HERNANDEZ, RONALD**  
**STREET ADDRESS** **4110 E. 11 AVE**  
**CITY-ST-ZIP** **HIALEAH, FL 33013**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

*Ramon Hernandez*

**RAMON HERNANDEZ**  
**PRESIDENT**

**3-10-04**

**305-688-4442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #