

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90005 043 ***150.00

DOCUMENT # P03000025547

1. Entity Name

JULIO MENDEZ & ASSOCIATES, INC.



Principal Place of Business

**234 ANTIQUERA AVENUE APT 14
CORAL GABLES FL 33134**

Mailing Address

**234 ANTIQUERA AVENUE APT 14
CORAL GABLES FL 33134**

2. Principal Place of Business

**1865 79th STREET Cswy Apt. 10T
Suite, Apt. #, etc.
NORTH Bay Village, Florida
City & State
33141-4223 USA**

3. Mailing Address

**1865 79th STREET Cswy Apt. 10T
Suite, Apt. #, etc.
NORTH Bay Village, Florida
City & State
33141-4223 USA**



MOORE

CR2E034 (11/03)

4. FEI Number

05-0559037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NENUZ, ALEJANDRO ESQ
250 GIRALDA AVENUE 2ND FLOOR
CORAL GABLES FL 33134**

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 \$550.00

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 PD ☐ Delete
NAME MENDEZ, JULIO
STREET ADDRESS **234 ANTIQUERA AVENUE APT 14**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE SD ☐ Delete
NAME MENDEZ, CLAUDIA
STREET ADDRESS **234 ANTIQUERA AVENUE APT 14**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE TD ☐ Delete
NAME MENDEZ, WENDY
STREET ADDRESS **234 ANTIQUERA AVENUE APT 14**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **1865 79th St. Cswy #10T**
CITY-ST-ZIP **NORTH Bay Village, FL 33141**

TITLE ☐ Change ☐ Addition
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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:

JULIO E. MENDEZ

1/30/04 (305) 216-1752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #