

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90044 041 ***150.00

DOCUMENT # P03000029174

1. Entity Name

WESTSIDE MASONRY OF FLORIDA, INC.



Principal Place of Business

200 SW 117TH TERRACE #107
PEMBROKE PINES FL 33025

Mailing Address

200 SW 117TH TERRACE #107
PEMBROKE PINES FL 33025

2. Principal Place of Business

11701 S.W. 2nd St Apt 104

Suite, Apt. #, etc.

Pembroke Pines Fl.

City & State

Florida

Zip

33025

Country

U.S.A.

3. Mailing Address

11701 S.W. 2nd St.

Suite, Apt. #, etc.

Apt 104

City & State

Pembroke Pines, Florida

Zip

33025

Country

U.S.A.



MOORE

CR2E034 (11/03)

4. FEI Number

56-2329612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRIETO, JESUS

200 SW 117TH TERRACE #107
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name

Prieto, Jesus

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

11701 S.W. 2nd Street #104

Pembroke Pines Fl. 33025

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 PSTD ☐ Delete
NAME PRIETO, JESUS
STREET ADDRESS 200 SW 117TH TERRACE #107
CITY-ST-ZIP PEMBROKE PINES FL 33025

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
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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-04 954-442-6004