

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/17/2004-90001-013-\$150.00-\$150.00

04 OCT 18 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09102004 Chg-P CR2E034 (10/03)

4. FEI Number **38101254** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIADIGOS, SUILAN C
12390 SW 97 TER
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name **RIADIGOS, SUILAN C**
Street Address (P.O. Box Number is Not Acceptable)
9601 S. W. 142nd AVE Ste.1121
City **MIAMI** FL Zip Code **33186**

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 *Suilan C. Riadigos* **SUILAN C RIADIGOS /AGENT 9/10/04**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	RIADIGOS, SUILAN C	
STREET ADDRESS	12390 SW 97 TER	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	DST	☒ Delete
NAME	RIADIGOS, ROBERTO	
STREET ADDRESS	12390 SW 97 TER	
CITY-ST-ZIP	MIAMI, FL 33186	
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		

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10/21/04--01057--011 **150.00

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: *Suilan C. Riadigos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/04

(305) 724-6086
Daytime Phone #