

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90173 028 ***158.75

DOCUMENT # P03000033575 1. Entity Name XYZ ANTIQUES CORP.					
Principal Place of Business 5521 NW 74 AVE. MIAMI, FL 33166			Mailing Address 5521 NW 74 AVE. MIAMI, FL 33166		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country 		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent OCAMPO, GONZALO 100 KINGS POINT DR., APT. #1406 SUNNY ISLES, FL 33160				7. Name and Address of New Registered Agent Name OCAMPO GLORIA PATRICIA Street Address (P.O. Box Number is Not Acceptable) 4352 NW 109 PL City DORAL FL Zip Code 33128	
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 GLORIA PATRICIA OCAMPO <i>[Signature]</i> 04-23-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAHSSIN, HAZEM 5521 NW 74 AVE. MIAMI, FL 33166 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GONZALO OCAMPO 5521 NW 74 AV MIAMI FL 33166 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OCAMPO, GONZALO 5521 NW 74 AVE. MIAMI, FL 33166 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TAHSSIN, HAZEM 5521 NW 74 AV MIAMI FL 33166 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VERA, GLORIA P 5521 NW 74 AVE. MIAMI, FL 33166 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OCAMPO GLORIA PATRICIA 5521 NW 74 AV MIAMI FL 33166 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>[Signature]</i> GONZALO OCAMPO			04-23-04 305-8875500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

94069176



04232004 Chg-P CR2E034 (10/03)

4. FEI Number **80-0057121** Applied For ☐ Not Applicable ☒

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