2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2004

9/30/2004-90013-026-$163.75-$163.75

FILED
04 NOV -8 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000035760

1. Entity Name
LINCE DESIGN GROUP, INC

Principal Place of Business	Mailing Address
8891 NW 166TH TERR. MIAMI LAKES, FL 33018 US	8891 NW 166TH TERR. MIAMI LAKES, FL 33018 US

09072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8891 NW 166 Terr.	8891 NW 166 Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, FL	City & State: Miami Lakes FL
Zip: 33018 Country: US	Zip: 33018 Country: US

4. FEI Number: 75-3108842 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINCE, ILIANA M 8891 NW 166TH TERR. MIAMI LAKES, FL 33018	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINCE, ILIANA M 8891 NW 166TH TERR. MIAMI LAKES, FL 33018 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LINCE, ALEJANDRO A 8891 NW 166TH TERR. MIAMI LAKES, FL 33018 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

11/10

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: Iliana M. Lince 09/07/04 (305) 826 3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #