## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Jan 08, 2004 8:00 am Secretary of State DOCUMENT # P03000036045 01-08-2004 90047 031 \*\*\*150.00 1. Entity Name LA SIRENA INC. Principal Place of Business Mailing Address 6316 SOUTH DIXIE HWY 6316 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc 01062004 CR2E034 (10/03) Applied For City & State City & State 7776466 Not Applicable \$8.75 Additional CiS Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIORENTINO, MARCELLO Street Address (P.O. Box Number is Not Acceptable) 6316 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 City Zio Code FL 8. The apove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioriga. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and the flappicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. De'ete TITLE Addition Change TITLE NAME FIORENTINO, MARCELLO NAME 6316 SOUTH DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 CITY-ST-ZIP TITLE De'ete TITLE Change Addition FIORENTINO, DIANE NAME NAME STREET ADDRESS 6316 SOUTH DIXIE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33405 TITLE De'ete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Add tion NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP TITLE De eta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP De'ete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 turther certify that the information indicated on this report or supplied with 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**