

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90018 039 ***150.00

DOCUMENT # P03000041694

1. Entity Name

ALEX FERNANDEZ'S STRIKE ZONE, INC.



Principal Place of Business

10081 PINES BLVD STE A
PEMBROKE PINES, FL 33024

Mailing Address

10081 PINES BLVD STE A
PEMBROKE PINES, FL 33024

94025014

2. Principal Place of Business

12330 SW 53 STREET

3. Mailing Address

Suite, Apt. #, etc.

SUITE # 705

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

City & State

Zip

33330

Country

USA

Zip

Country

02272004

Chg-P

CR2E034 (10/03)

4. FEI Number

13-4241950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASTESI, RAUL JR
8105 NW 155 ST
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

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

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

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
DPS
FERNANDEZ, ALEX
6320 HANCOCK RD
SOUTHWEST RANCHES, FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SEDELL, MIKE
11072 BOSTON DR
COOPER CITY, FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
FERNANDEZ, LOURDES
6320 HANCOCK RD
SOUTHWEST RANCHES, FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX FERNANDEZ

03/01/04

Date

(954) 885-1021

Daytime Phone #