

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 NOV 15 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 09



08132004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0057738** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

PICHARDO GERARDO  
6000 NW 6TH AVENUE  
MIAMI, FL 33127

*Rojas Santos*  
*6000 NW 6 AVE*  
*MIAMI, FL 33127*

## 7. Name and Address of New Registered Agent

Name **SANTOS ROJAS**  
Street Address (P.O. Box Number is Not Acceptable) **6000 NW 6 AVE**  
City **MIAMI, FL** Zip Code **33127**

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**  
**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 **P** ☒ Delete  
NAME **PICHARDO GERARDO**  
STREET ADDRESS **6000 NW 6TH AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33127**

TITLE **V** ☐ Delete  
NAME **ROJAS, SANTOS J** *President*  
STREET ADDRESS **6000 NW 6TH AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33127**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **ROJAS, SANTOS J**  
STREET ADDRESS **6000 NW 6 AVE**  
CITY-ST-ZIP **MIAMI, FL 33127**

TITLE ☐ Change ☐ Addition  
NAME **000042761880**  
STREET ADDRESS **11/15/04-01080-007** **\*\*150.00**  
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

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

12. I hereby certify that the information supplied on 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 reports 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*09/30/04*

Date

Daytime Phone #

*305-758-0984*

(9)

FILED

04 NOV 15 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 13, 2004

Uniform Business Report  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

DOC. # P03000045935  
Re: ROJAS FURNITURE RESTORATION, INC.

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2004 filling year. According to your letter we never received an annual report for our corporation. We are sending a filled out blank report to your department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

  
~~GERARDO PICHARDO~~  
PRESIDENT

SANTOS ROJAS  
(president)