

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90096 038 ***150.00

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1. Entity Name

IGLESIAS ENTERPRISES CORP.



Principal Place of Business

600 N.E. 36 ST
C-11 & 12
MIAMI FL 33137

Mailing Address

600 N.E. 36 ST
C-11 & 12
MIAMI FL 33137

44033213



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0568852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, M CARMEN
600 N.E. 36 ST
917
MIAMI FL 33137

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME IGLESIAS, MARIA DEL C
STREET ADDRESS 600 N.E. 36 ST # 917
CITY-ST-ZIP MIAMI FL 33137

TITLE VP ☐ Delete
NAME IGLESIAS, MANUEL
STREET ADDRESS 655 N.E. 82 ST
CITY-ST-ZIP MIAMI FL 33138

TITLE T ☒ Delete
NAME IGLESIAS, MARIADEL C
STREET ADDRESS 600 N.E. 36 ST # 917
CITY-ST-ZIP MIAMI FL 33137

TITLE SEC ☒ Delete
NAME BARRIOS, BERTHA T
STREET ADDRESS 600 N.E. 36 ST # 917
CITY-ST-ZIP MIAMI FL 33137

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 P/T/S ☒ Change ☐ Addition
NAME IGLESIAS, MARIA DEL C
STREET ADDRESS 600 NE 36 ST # 917
CITY-ST-ZIP MIAMI, FL 33137

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

04/15/04

Date

(305) 593-1442

Daytime Phone #