

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-05-2004 90209 035 ***150.00

DOCUMENT # P03000052725					
1. Entity Name TRAVIS MICA & THINGS, INC					
Principal Place of Business 13680 N.W. 19th AVE BAY 13 OPA-LOCKA, FL 33054			Mailing Address 13680 N.W. 19th AVE BAY 13 OPA-LOCKA, FL 33054		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0837062	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATRICIA MCCOLLUM QUINN 13680 N.W. 19th AVENUE, BAY No 13 OPA LOCKA Florida 33054			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 (P.O. Registered Agent registering corp and when registering)					
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 ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS (If 11)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICIA MCCOLLUM QUINN ☐ Delete 13680 N.W. 19th AVE BAY No 13 OPA LOCKA, FL 33054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Alfredo Tabornia</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/27/04		(305) 628-0826