2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90687 001 ***150.00

DOCUMENT # P03000054685

1. Entity Name

FRANCK MESSICA, PA.

Principal Place of Business
16950 NORTH BAY ROAD
1105
SUNNY ISLES FL 33160
US

Mailing Address
16950 NORTH BAY ROAD
1105
SUNNY ISLES FL 33160
US

MOORE CR2E034 (11/03)

2. Principal Place of Business: 2875 NE 191 St. #
Suite, Apt. #, etc.: 601
City & State: AVENTURA, FL
Zip: 33180 Country:

3. Mailing Address: 2875 N.E 191 ST.
Suite, Apt. #, etc.: 601
City & State: AVENTURA, FL
Zip: 33180 Country:

4. FEI Number: 20-0371168 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MESSICA, FRANCK
16950 NORTH BAY ROAD
1105
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name: MESSICA, FRANCK
Street Address (P.O. Box Number is Not Acceptable): 2875 NE 191 STREET # 601
City: AVENTURA FL Zip Code: 33180

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]
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	MESSICA, FRANCK	
STREET ADDRESS	16950 NORTH BAY ROAD STE 1105	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☐ Addition
NAME	MESSICA, FRANCK	
STREET ADDRESS	2875 NE 191 ST. #601	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ~~OFFICER OR DIRECTOR~~ Date Daytime Phone #