

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90241 038 ***150.00

DOCUMENT # P03000056144

1. Entity Name
SINFIN HOMES & INVESTMENTS, INC.



Principal Place of Business

~~14525 SW 57TH TERRACE~~
~~MIAMI, FL 33183~~

Mailing Address

~~14525 SW 57TH TERRACE~~
~~MIAMI, FL 33183~~

94075013



2. Principal Place of Business

7345 SW 148 CT
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 162856
Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

06-1723368

Applied For

Not Applicable

Zip

33193

Country

DADE

Zip

33116

Country

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOMARRON ARMANDO A
14525 SW 57TH TERR.
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7345 SW 148 CT

City

MIAMI

FL

Zip Code

33193

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

4-28-04

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

TITLE D
NAME JOMARRON, ARMANDO A
STREET ADDRESS 14525 SW 57TH TERRACE
CITY-ST-ZIP MIAMI, FL 33183

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

7345 SW 148 CT
MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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STREET ADDRESS
CITY-ST-ZIP

☐ 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

4-28-04

Date

786-299-4129

Daytime Phone #