

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90009 046 \*\*\*150.00

**DOCUMENT # P03000058247**

1. Entity Name  
**BUSINESS ENTERPRISES OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**51 FIFTH STREET, NW  
WINTER HAVEN, FL 33880**

Mailing Address  
**51 FIFTH STREET, NW  
WINTER HAVEN, FL 33880**

**54056255**



2. Principal Place of Business

3. Mailing Address

**2751 EMERALD ISLAND BL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152003

Chg-P

CR2E034 (10/03)

City & State

City & State  
**KISSIMMEE, FLA.**

4. FEI Number

**74-3093287**

Applied For

Not Applicable

Zip

Country

Zip

**34747**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, ARTURO  
3338 CURRY FORD RD  
ORLANDO, FL 32806**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
MORAN, ARTURO  
51 FIFTH STREET, NW  
WINTER HAVEN, FL 33880**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
MORAN, ARTURO  
2751 EMERALD ISLAND BL  
KISSIMMEE FL 34747**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VPS  
PAGUA, FERNANDO  
51 FIFTH STREET, NW  
WINTER HAVEN, FL 33880**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VPS  
PAGUA, FERNANDO  
2751 EMERALD ISLAND BL  
KISSIMMEE FL 34747**

TITLE  
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Date

Daytime Phone #

*Attachment* *54056255*  
**BUSINESS ENTERPRISES OF CENTRAL FLORIDA, INC**

2751 Emerald Islandh blvd kissiimme, Fl 34747

Ph: 407-791-3153; Fax: 407-847-8355

*# P03000058247*

May 20, 2004

Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Dear Sir or Madam:

Enclosed you'll find a Ck # 1134 like Annual Report fee and respectfully we request the waiver of fine of \$550.00, because we never received the annual report request from Division of Corporation.

Respectfully

*Arturo Moran*  
Arturo Moran  
President