

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2004 8:00 am
Secretary of State

04-30-2004 90367 014 ***150.00

DOCUMENT # P03000064677

1. Entity Name

COBALT PROPERTY MANAGEMENT, INC.



Principal Place of Business

**4410 W 16 AVE STE 5-296
HIALEAH FL 33012**

Mailing Address

**4410 W 16 AVE STE 5-296
HIALEAH FL 33012**

66427880

2. Principal Place of Business

**4410 W 16 Avenue
Suite, Apt. #, etc.
5-297**

3. Mailing Address

**4410 W 16 Avenue
Suite, Apt. #, etc.
5-297**



MOORE

CR2E034 (11/03)

City & State

**Hialeah, FL
Zip 33012 Country US**

City & State

**Hialeah, Florida
Zip 33012 Country US**

4. FEI Number

20-0054166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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 reappointing)

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	PSD	<input type="checkbox"/> Delete
NAME	GARCIA, YVETTE M	
STREET ADDRESS	4410 W 16 AVE STE 5-296	
CITY- ST- ZIP	HIALEAH FL 33012	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GARCIA, RAMON	
STREET ADDRESS	4410 W 16 AVE STE 5-296	
CITY- ST- ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

[Signature]

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 305.962.9893

Date

Daytime Phone #