

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

07-30-2004 90004 046 ***150.00

DOCUMENT # P03000070228

1. Entity Name
OFFERSDEPOT INC.



Principal Place of Business
**1730 N.E. 198TH TERR.
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1730 N.E. 198TH TERR.
NORTH MIAMI BEACH, FL 33179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07222004

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0473918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARIN, JAIME
208 THREE ISLAND BLVD.
APT. 212
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name **FARIN, JAIME**

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

1730 NE 198TH TERR

City **North Miami Beach**

FL

Zip Code **33179**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b) F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARIN, JAIME 1730 N.E. 198TH TERR. NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARIN, MICHAEL 1730 N.E. 198TH TERR. NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

7/22/04

305-586-7536

Date

Daytime Phone #

Attachment
66431734

Re: OffersDepot Inc.
Document #P03000070228

My client, OffersDepot Inc., forwarded me your correspondence (copy enclosed) regarding its annual report. This corporation was formed June 25, 2003. The taxpayer was not aware that an annual report would be due by May 1, 2004. The taxpayer never received the first postcard indicating that the annual report would be required. The first notice the corporation received was the second postcard reflecting the \$400.00 penalty.

Sincerely,

James Orłowski CPA

CITY-STATE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing as indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute this report, and that the information is true and accurate as to the facts 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