


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90006 044 ***160.00

DOCUMENT # P03000072647		
1. Entity Name RENAISSANCE INNOVATIONS, INCORPORATED		

Principal Place of Business 15170 S.W. 56 STREET MIAMI, FL 33185	Mailing Address 16275 S.W. 88 STREET #123 MIAMI, FL 33196-4912 US
--	---

2. Principal Place of Business 16084 SW 87 TR	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33193	Country USA



08152004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent VAZQUEZ, ILEANA R 16084 S.W. 87 TERRACE MIAMI, FL 33196	
---	--

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: Ileana Vazquez, Pres. 8/1/04 SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
--	--

FILE NOW!!! FEE IS \$450.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VAZQUEZ, ILEANA		NAME Elizabeth Vazquez	
STREET ADDRESS 16275 SW 88 STREET #123		STREET ADDRESS 16275 SW 88 ST #123	
CITY-ST-ZIP MIAMI, FL 331964912		CITY-ST-ZIP Miami - FL 331964912	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE S/TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELLENDEZ, PATRICIA D		NAME VAZQUEZ, ILEANA	
STREET ADDRESS 16275 SW 88 STREET #123		STREET ADDRESS 16275 SW 88 STREET #123	
CITY-ST-ZIP MIAMI, FL 331964912		CITY-ST-ZIP MIAMI, FL 331964912	
TITLE S/TR	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAZQUEZ, ILEANA		NAME VAZQUEZ, ILEANA	
STREET ADDRESS 16275 SW 88 STREET #123		STREET ADDRESS 16275 SW 88 STREET #123	
CITY-ST-ZIP MIAMI, FL 331964912		CITY-ST-ZIP MIAMI, FL 331964912	
TITLE VP	<input type="checkbox"/> Delete	TITLE S/TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELLENDEZ, PATRICIA D		NAME VAZQUEZ, ILEANA	
STREET ADDRESS 16275 SW 88 STREET #123		STREET ADDRESS 16275 SW 88 STREET #123	
CITY-ST-ZIP MIAMI, FL 331964912		CITY-ST-ZIP MIAMI, FL 331964912	
TITLE S/TR	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAZQUEZ, ILEANA		NAME VAZQUEZ, ILEANA	
STREET ADDRESS 16275 SW 88 STREET #123		STREET ADDRESS 16275 SW 88 STREET #123	
CITY-ST-ZIP MIAMI, FL 331964912		CITY-ST-ZIP MIAMI, FL 331964912	

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: Ileana Vazquez, Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8/1/04 380 8892 Date Daytime Phone #