

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90008 019 \*\*\*150.00

**DOCUMENT # P03000072823**

1. Entity Name  
**THE CURIOSITY SHOP OF MIAMI, INC.**



Principal Place of Business  
**20 ISLAND AVE STE 317  
MIAMI BEACH, FL 33139**

Mailing Address  
**20 ISLAND AVE STE 317  
MIAMI BEACH, FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004

Chg-P

CR2E034 (10/03)

4. FEI Number

**77-0003640**

Applied For  
Not Applicable

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

**ANILLO, ALEJANDRO A  
20 ISLAND AVE STE 317  
MIAMI BEACH, FL 33139**

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 \$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	PTD	<input type="checkbox"/> Delete
NAME	ANILLO, ALEJANDRO A	
STREET ADDRESS	20 ISLAND AVE STE 317	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANILLO, ELVA	
STREET ADDRESS	20 ISLAND AVE STE 317	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIAZ, CARLOS M	
STREET ADDRESS	20 ISLAND AVE STE 317	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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		
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		
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 all other like empowered.

**SIGNATURE:**

*Ben Anillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-15-04**

Date

**305-867-1535**

Daytime Phone #

ATTACHMENT 24080582  
P03000072823



FROM THE DESK OF...

ELVA ANILLO

AUG. 15-01

TO: FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS

FROM: THE CURIOSITY SHOP OF MIAMI  
FEIN NUMBER: 77-0603640

THIS CORPORATION DID NOT RECEIVE  
ANY PRIOR NOTICE

*Elva Anillo*  
ELVA ANILLO  
VICE-PRESIDENT