

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90019 032 ***150.00

DOCUMENT # P03000074820

1. Entity Name
RUSTICOS 72, INC.



Principal Place of Business

8587 N.W. 54 ST.
MIAMI, FL 33166

Mailing Address

8587 N.W. 54 ST.
MIAMI, FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

11401 NW 12 street

228

Miami FL

33172



04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0098019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

E & V GREAT PROFESSIONAL, INC.
6216 S.W. 8 ST.
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name

Adriana Gec

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

11401 NW 12 street #228

City

Miami

FL

Zip Code

33172

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DE GEC, NELIDA P
STREET ADDRESS 8587 N.W. 54 ST.
CITY-ST-ZIP MIAMI, FL 33166

☐ Delete

TITLE SD
NAME GEC, ADRIANA
STREET ADDRESS 8587 N.W. 54 ST.
CITY-ST-ZIP MIAMI, FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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

Date

Daytime Phone #