## 2004

## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 26, 2004 8:00 am Secretary of State

03-26-2004 90010 041 \*\*\*150 00

**DOCUMENT # P3000076145** 1. Entity Name Pitirre Enterprise, Inc. DO NOT WRITE IN THIS SPACE 54022610 2. Principal Place of Business 3. Mailing Address 7716 S.W. 164th 7716 S.W. 164th Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Miami, FL Miami, FI 65-1196889 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33193 33193 USA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Name Jose E Zapata Street Address (P.O. Box Number is Not Acceptable) 7716 S.W. 164th Pl. City Miami 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 \$5.00 May Be After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Flortda Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TTLE mÆ Zapata, Jose E. 7716 S.W. 164th Pl. NAME NAME STREET ADDRESS STREET ADDRESS Miami, FL 33193 CITY - 51 - ZIP CITY - ST - ZIP D/S/T TITLE IIILE : Zapata, Isabel Z. 7716 S.W. 164th Pl. NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 33193 CITY - ST - ZIP Miami, FL NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE IN THIS SPACE CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CMY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE me NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 on/an attachment with an address, with all other like empowered.

Jose E SIGNATURE AND DIPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-408-4487 Daytime Phone #

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