2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 06, 2004 8:00 am Secretary of State 05-27-2004 90017 037 ***150.00

Principal Place of Business 9808 NW 80TH AVE #6P HIALEAH GARDENS, FL 33016 2. Principal Place of Business 9820 NW 80 AW Suite, Apt. #, etc. 6 P City & State HIALEAH 6 ARDENS FL Zip 330 / Country 330 / US A 6. Name and Address of Current Re BERTOT, BELKIS O 18918 NW 63RD CT 18918 NW 63RD CT 10 III 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent ame		Aue O O O O O O O O O O O O O	5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc. 6 P City & State HINCEHH 6 APABOUS FL Zip 33016 Country USA 6. Name and Address of Current Ro BERTOT, BELKIS O 18918 NW 63RD CT, CIR MIAMI, FL 33015 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE	9820 NW 80 M Suite, Apt. #, etc. 6 F City & State 1H ALEAH 64A Zip Co 3 301 6	PAENS FL Duntry USA	06282004 Chg-P CR2E034 (10/03) 4. FEI Number
Suite, Apt. #, etc. 6 P City & State HINCEHH 6 APABOUS FL Zip 33016 Country USA 6. Name and Address of Current Ro BERTOT, BELKIS O 18918 NW 63RD CT, CIR MIAMI, FL 33015 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE	Suite, Apt. #, etc. 6 F City & State 1/1 ALEAH 644 Zip Co. 3 301 6	PAENS FL Duntry USA	4. FEI Number Applied For Not Applied For Not Applicab 5. Certificate of Status Desired Status Desired Fee Required
City & State HINLEAH 6 ARDEN S FL Zip 33016 Country USA 6. Name and Address of Current Ro BERTOT, BELKIS O 18918 NW 63RD CT, CIR MIAMI, FL 33015 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE BELKIS O BELK	711 ALEAH 644 Zip Co 33016	USA	5. Certificate of Status Desired S8.75 Additional Fee Required
ERTOT, BELKIS O 18918 NW 63RD CT CIR MIAMI, FL 33015 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE	33016		5. Certificate of Status Desired S8.75 Additional Fee Required
8. The above named entity submits this statement for the obligations of registered agent.	<u> </u>	Name/3	
 18918 NW 63RD CT CIR MIAMI, FL 33015 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE 			7. Name and Address of New Registered Agent
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE 3. C. K. I.S. O. B. E. I.S. I.S. I.S. I.S. I.S. I.S. I.S.			ER-7-0-7-13-EL-K/S s (P.O. Box Number is Not Acceptable)
the obligations of registered agent. SIGNATURE BELKIS 0 3E			
the obligations of registered agent. SIGNATURE BELKIS 0 3E		City 15	aleah FL Zip Code 233012
the obligations of registered agent. SIGNATURE BELKIS 0 3E	the purpose of changing its regis	stered office or registe	a Cah FL Zip Code 330/2 tered agent, or both, in the state of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00		Stered Agent signature requirements	
Due by September 8, 2004	Trust Fund Contribution		dded to Fees corporation did not receive the prior notice.
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME BERIDT, BELKIS O STREET ADDRESS 9820 NW 80 AVE AFT CITY-ST-ZIP HINLEAH 642DENS FL	+ 6 P	NAME STREET ADDRESS CITY-ST-ZIP	_ Consign
FITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Additi
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	☐ Change ☐ Additi
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE : NAME STREET ADDRESS	□ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
12. I hereby certify that the information supplied with t indicated on this report or supplemental report is of the corporation or the receiver or trustee empower changed, or on an attachment with an address, we SIGNATURE:		evernting stated in	

Affachment

5/27/2004-90017-037-\$150.00-\$150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # P0300007	77501							
Principal Place	of Business	Mailing Address			}				
9808 NW 80TH AVE #6P 9808 NW 80TH AV HIALEAH GARDENS, FL 33016 HIALEAH GARDENS						H291		O L L	ena militure
2. Principal Place of Business 3. Mailing Address .									
Suite, Apt. #, etc. Suite, Apt.			, Apt. #, etc.			Chg-P	CR2E034	1 (10/03)	
City & State	المستعددة والمستعددة والمستعدد والمستعد والمستعدد والمس	City & State	lity & State			7-117-8	3546.	. 	Applicable
Zip	Country	Country Zip Co		ry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curre	ent Registered Agent		Name O		Address of New		ent	
"RERTOT BELKIS O						BELIU or is Not Accepta			
MIAMI, FL 33015 ,				503	1 Wet	2 10 An	e		
			City 1/12			 	FL	Zip Code	0/2
the obligati	named entity subsite this statemer one of registered egent.	O Bestot	<u>-</u>	d office or registe	MUN	th, in the State of	Florida. I am fa	miliar with, a	and accept
FIL	E NOWIII FEE IS \$150.00 ue by September 8, 2004	9. Election Carr Trust Fund C	paign Finan	cing _ \$5	.00 May Be ded to Fees	corporation d	e with s. 607.1	the prior n	otice.
10. TITLE	OFFIGERS A	ND DIRECTORS	t1.		ADDITIONS,	CHANGES TO O		DIRECTORS Change	IN 11 Addition
NAME STREET ADDRESS CITY-SY-ZIP		_ _ ,		ET ADDRESS - ST- 71P				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			-			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		- Delete						Change	Addition
NAME STREET ADDRESS I CITY-ST-ZIP		October	HAME STREE					Change_	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	:	Delete .	- 1	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1 1 1 1	Delete					•	☐ Change	(**) Addition
f2. I hereby indicated of the corchanged	certify that the information supplied on this report or supplemental reprovation or the receiver or trustee , or on an attachment with an attachment with a state of the control of the co	with this filing does not qualificate in the and accurate and the impowered to execute this reass, with all other like empower	y for the exe nat my signal port as requi red.	mption stated in S ture shall have the ired by Chapter 60	Section 119.07(3) e same legal effe 07. Florida Statut	(i), Florida Stature ct as if made und es; and that my n	es. I further certifier oath; that I a lame appears in	ty that the in an officer Block 10 o	nformation or director r Block 11 il
	BIGHA JUKE AND TYPE	OR PRINTED NAME OF EIGHING OFF	ICER OF BUILD	ron .		Cast	De	yline Phone #	