

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91253 022 ***150.00

DOCUMENT # P03000077652

1. Entity Name
YUCA CORAL GABLES, INC.



Principal Place of Business
**388 GIRALDA AVENUE
CORAL GABLES, FL 33134**

Mailing Address
**388 GIRALDA AVENUE
CORAL GABLES, FL 33134**

34000000

2. Principal Place of Business
394 Giralda Avenue
Suite, Apt. #, etc.

3. Mailing Address
2655 LeJeune Road
Suite, Apt. #, etc.
Suite 802

04292004

Chg-P

CR2E034 (10/03)



City & State
Coral Gables, FL
Zip
33134 Country
USA

City & State
Coral Gables, FL
Zip
33134 Country
USA

4. FEI Number
14-1889489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, DAVID R
2655 LEJEUNE ROAD
SUITE 802
CORAL GABLES, FL 33134**

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

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 **(P)** **President (P)** ☐ Delete
NAME **Amancio V. Suarez**
STREET ADDRESS **2655 LeJeune Road, Suite 802**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **(V.S)** **Vice-President/Secretary** ☐ Delete
NAME **David R. Garcia**
STREET ADDRESS **2655 LeJeune Road, Suite 802**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **(T)** **Treasurer** ☐ Delete
NAME **Julia Garcia**
STREET ADDRESS **2655 LeJeune Road, Suite 802**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Julia Garcia, Treasurer **4/29/04** **305-442-9270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #