

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000094457

1. Entity Name

AGENTE DE CAMBIO CARIOCA, INC.



Principal Place of Business

809 NORTH STATE ROAD
HOLLYWOOD, FL 33021

Mailing Address

809 NORTH STATE ROAD
HOLLYWOOD, FL 33021



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3701831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ARMENTEROS, ERNESTO J
STREET ADDRESS 809 NORTH STATE ROAD
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D
NAME CALAC, JAIME A
STREET ADDRESS 809 NORTH STATE ROAD
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D
NAME ARMENTEROS, ERNESTO E
STREET ADDRESS 809 NORTH STATE ROAD
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
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CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

U00000254297
03/07/05-80070-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2/25/2005

Date

800.892.0270

Daytime Phone #