

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90044 026 ***150.00

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1. Entity Name
T.C. ESTRELLA, INC.

Principal Place of Business
502 N.W. 34 AVE.
MIAMI, FL 33125

Mailing Address
502 N.W. 34 AVE.
MIAMI, FL 33125

94041825



2. Principal Place of Business

11100 SW 196 ST.
Suite, Apt. #, etc.
322 C.

3. Mailing Address

11100 SW 196 ST.
Suite, Apt. #, etc.
322 C.

01072004

Chg-P

CR2E034 (10/03)

City & State

MIAMI FL
Zip 33157 Country

City & State

MIAMI FL
Zip 33157 Country

4. FEI Number

20-0174309

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTRELLA, CARLOS A
502 N.W. 34 AVE.
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name ESTRELLA, CARLOS A
Street Address (P.O. Box Number is Not Acceptable)
11100 SW 196 ST, #322C.
City MIAMI FL Zip Code 33157

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)

3/29/04
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 ESTRELLA, CARLOS A
STREET ADDRESS 502 N.W. 34 AVE.
CITY-ST-ZIP MIAMI, FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ESTRELLA, CARLOS A
STREET ADDRESS 11100 SW 196 ST, #322C.
CITY-ST-ZIP MIAMI, FL 33157 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 #

3/29/04 305.252.6447