

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000097391

1. Entity Name
**HAZMAT INTERNATIONAL PROFESSIONAL
CONSULTANT, CORP.**



Principal Place of Business
**4615 N.W. 72ND AVENUE
MIAMI, FL**

Mailing Address
**4615 N.W. 72ND AVENUE
MIAMI, FL**



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4265798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ENCISO, OSCAR A
4615 N.W. 72ND AVENUE, SUITE 119
MIAMI, FL 33168**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
ENCISO, OSCAR A
4615 N.W. 72ND AVENUE, SUITE 119
MIAMI, FL 33168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ENCISO, ANA E
4615 NW 72ND AVE., STE. 119
MIAMI, FL 33168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000376395
08/15/05-80004-006 158.75

**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)(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 recipient of the report 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 #

7/5/2005