

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **P03000103093**

1. Entity Name **Signature Art and Antiques Corporation**



Principal Place of Business

**2535 S.W. 32 Ave
Miami, FL 33133**

Mailing Address

**P.O. Box 145186
Coral Gables, FL 33114**

FILED

04 SEP 28 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05182004

Chg-P

CR2E034 (10/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Reinaldo Valdes
2535 S.W. 32 Av.
Miami, FL 33133**

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 **Reinaldo Valdes**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

09-22-04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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 **PD**
NAME
STREET ADDRESS
CITY-ST-ZIP

ERIC ALVARES ☐ Delete
P.O. Box 145186
Coral Gables, FL 33114

TITLE **VP**
NAME
STREET ADDRESS
CITY-ST-ZIP

Reinaldo Valdes ☐ Delete
P.O. Box 145186
Coral Gables, FL 33114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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☐ 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: **Reinaldo Valdes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-22-04 786-326-8885

Date

Daytime Phone #