

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90008 041 ***158.75

DOCUMENT # P03000104186					
1. Entity Name SUSAN CINTRON, INC.					
Principal Place of Business 15370 SW 232 ST. MIAMI, FL 33170			Mailing Address 15370 SW 232 ST. MIAMI, FL 33170		
2. Principal Place of Business 15370 SW 232 St.		3. Mailing Address 15370 SW 232 St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL 33170		4. FBI Number 73-1679987	
Zip 33170	Country U.S.A.	Zip 33170	Country U.S.A.	☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				01282004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CINTRON, SUSAN C 15370 SW 232 ST. MIAMI, FL 33170			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 <u><i>Susan C. Cintron</i></u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>1-28-04</u> (NOTE: Registered Agent signature required when registering.)		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CINTRON, SUSAN C		NAME		
STREET ADDRESS	15370 SW 232 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33170		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CINTRON, JEFFREY L		NAME		
STREET ADDRESS	15370 SW 232 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33170		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u><i>Susan C. Cintron Pres</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>1-28-04</u> 786-243-1156 Date Daytime Phone #		