

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90338 023 ***150.00

DOCUMENT # P03000106528

1. Entity Name
DISTINGUISHED FINANCIAL SERVICES & INVESTMENTS CORPORATION



Principal Place of Business

P.O. BOX 160543
HIALEAH, FL 33016

Mailing Address

P.O. BOX 160543
HIALEAH, FL 33016

2. Principal Place of Business

15025 NW 77 AVE

Suite, Apt. #, etc.

SUITE # 126

City & State

MIAMI LAKES, FL

Zip

33015

Country

US

3. Mailing Address

15025 NW 77 AVE

Suite, Apt. #, etc.

SUITE # 126

City & State

MIAMI LAKES, FL

Zip

33015

Country

DADE/US



02182004

Chg-P

CR2E034 (10/03)

4. FEI Number

41-211-5837

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PILES, JUAN J ESQ.
7270 N.W. 12TH ST. STE. 545
MIAMI, FL 33126**

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

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, 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 **D** ☒ Delete
NAME **LAURENCIO, WALDO JR.**
STREET ADDRESS **P.O. BOX 160543**
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE **D** ☒ Delete
NAME **GAVILAN, LEONARDO**
STREET ADDRESS **P.O. BOX 160543**
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **LAURENCIO, WALDO JR.**
STREET ADDRESS **15025 NW 77 AVE #126**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☒ Change ☐ Addition
NAME **GAVILAN, LEONARDO**
STREET ADDRESS **15025 NW 77 AVE #126**
CITY-ST-ZIP **MIAMI, FL 33014**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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

2/26/04

Date

786-355-6859

Daytime Phone #