


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 038 ***150.00

DOCUMENT # P03000106869 1. Entity Name FORMACORP, INC.					
Principal Place of Business 501 BRICKELL KEY DRIVE STE 602 MIAMI, FL 33131			Mailing Address 501 BRICKELL KEY DRIVE STE 602 MIAMI, FL 33131		
2. Principal Place of Business Banco Santander Building 1401 Brickell Avenue, Ste 500 Miami, FL 33131			3. Mailing Address Banco Santander Building 1401 Brickell Avenue, Ste 500 Miami, FL 33131		
Zip 33131		Country FL		4. FEI Number 03012003 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VAZQUEZ, GERARDO A 501 BRICKELL KEY DRIVE STE 602 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Gerardo A. Vazquez, P.A. Street Address (P.O. Box Number is Not Acceptable) Banco Santander Building 1401 Brickell Avenue, Ste 500 Miami, FL 33131		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Nelson Gonzalez <i>26/4/04</i> 325-371-8064 <small>Date Daytime Phone #</small>		

Attachment
44046213



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 8, 2004

FORMACORP, INC.
501 BRICKELL KEY DRIVE
STE 602
MIAMI, FL 33131

SUBJECT: FORMACORP, INC.
Ref. Number: P03000106869

We have received your document for FORMACORP, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 204A00031942