

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90014 015 ***150.00

DOCUMENT # P03000111237

1. Entity Name
SAT ONE, CORP.



Principal Place of Business
9369 FOINTAINEBLEAU BLVD APT J-214
MIAMI, FL 33172

Mailing Address
9369 FOINTAINEBLEAU BLVD APT J-214
MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112003

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0289644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUCETE, AMELIA
9369 FOINTAINEBLEAU BLVD APT J-214
MIAMI, FL 33172

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 \$550.00
Due by September 8, 2004

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
NAME
D
CARDOSA, LUIS
STREET ADDRESS
9369 FOINTAINEBLEAU BLVD APT J-214
CITY-ST-ZIP
MIAMI, FL 33172 ☒ Delete

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

TITLE
NAME
D
NUCETE, MARIA
STREET ADDRESS
9369 FOINTAINEBLEAU BLVD APT J-214
CITY-ST-ZIP
MIAMI, FL 33172 ☐ Delete

TITLE
NAME
P/D
NUCETE, MARIA
STREET ADDRESS
9369 FOINTAINEBLEAU BLVD APT J-214
CITY-ST-ZIP
MIAMI, FL 33172 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
S/D
NUCETE, AMELIA
STREET ADDRESS
9369 FOINTAINEBLEAU BLVD APT J-214
CITY-ST-ZIP
MIAMI, FL 33172 ☐ Change ☒ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

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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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/04

Date

305.305.8766

Daytime Phone #