## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 17, 2004 8:00 am **Secretary of State** DOCUMENT # P03000113103 1. Entity Name 03-17-2004 90011 042 \*\*\*150.00 BTU OF SOUTH FLORIDA,INC. Principal Place of Business Mailing Address 14386 S.W. 36 ST. 14386 S.W. 36 ST. MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address 12260 S.W. 132 Ct. 12260 S.W. 132 Ct. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Bay # 115 Bay # 115 City & State Applied For City & State 4. FEI Number 90-0113413 Miami, F1. Miami, Fl. Not Applicable <sup>Zip</sup> 33186 Country Country \$8.75 Additional 33186 USA USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Julio A. Tages Jr. TAGES, JULIO A JR. Street Address (P.O. Box Number is Not Acceptable) 14386 S.W. 36 ST. 7103 S.W. <u>102 Ct.</u> MIAMI\_FL 33175 \_\_\_\_ Miami, Miami, 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete ☐ Addition P TAGES, JULIO A JR. NAME NAME Tages, Julio A Jr. STREET ADDRESS 14386 S.W. 36 ST. STREET ADDRESS 7103 S.W. 102 Ct. Miami, F1. 33173 CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP VP Delete TITLE TITLE □ Change Addition BOAN, OMAR JR. NAME MAME STREET ADDRESS 13520 S.W. 66 ST. STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition 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)(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.

 $J_{ulio}$  A. Tages J<u>r</u>. 03-11-04

(305)-216-9309

**FILED**