

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90001 047 ***150.00

DOCUMENT # P03000114582

1. Entity Name
C.F.D., INC.



Principal Place of Business
6039 COLLINS AVENUE
PH- 5
MIAMI BEACH, FL 33140

Mailing Address
6039 COLLINS AVENUE
PH- 5
MIAMI BEACH, FL 33140

54059254

2. Principal Place of Business

4795 N.W. 72 AVE.

3. Mailing Address

4795 N.W. 72 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06242004

Chg-P

CR2E034 (10/03)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

27-0069876

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

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

LAW OFFICES OF JACQUELINE HERNANDEZ-VALDES
2474 SW 27TH TERRACE
MIAMI, FL 33133

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 P
NAME BAUTISTA, CECILIA
STREET ADDRESS 6039 COLLINS AVENUE PH-5
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS → 4795 N.W. 72 AVE.
CITY-ST-ZIP MIAMI FL 33166

TITLE
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CITY-ST-ZIP

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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 another line empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CECILIA BAUTISTA, PRESIDENT

(305) 541-4200

Attachment 54059254
Doc. # 0300011458

June 24, 2004

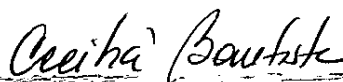
Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Gentlemen:

Please find enclosed the annual report and a check for \$150.00 to cover the annual fee.

We ask that you please consider waving the penalty for filing after May 1, 2004. We moved to a new address and we never received the notice with respect to the filing of the report and this is why we did not file by the May 1st deadline.

Respectfully yours,


Cecilia Bautista
President

Enc.
CB/mh