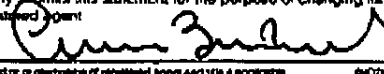
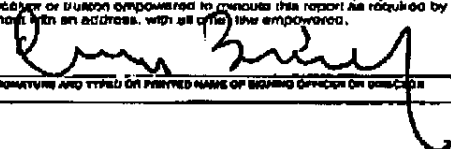


FILED
Jun 08, 2004 8:00 am
Secretary of State

05-05-2004 90192 012 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000117173			
1. Entity Name BAHAMON ENTERPRISES, CORP.			
Principal Place of business 11052 S.W. 154TH CT. MIAMI, FL 33196		Mailing Address 11052 S.W. 154TH CT. MIAMI, FL 33196	
2. Principal Place of Business 17019 SW 54CT		3. Mailing Address 17019 SW 54CT	
Subd, Apt. #, etc.		Subd, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33027		Country	
4. FEI Number 02-0709823		Apply For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent BAHAMON, MARIA C 11052 S.W. 154TH CT. MIAMI, FL 33196		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17019 SW 54CT City MIAMI FL Zip Code 33027	
9. 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:  DATE: _____			
Signature, typed or printed name of registered agent and title & address. (Note: New registered agent signatures required when registering)			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		10. 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 STREET ADDRESS CITY-ST-ZIP	PO BAHAMON, MARIA C 11052 S.W. 154TH CT. MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17019 SW 54CT MIAMI FL 33027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(b), 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 register or person 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 of the empowered.			
SIGNATURE:  DATE: _____			
Signature and Title or Printed Name of Signing Officer on Declaration			

66427182



04302004 Chg-P CR2E034 (10/03)