


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90037 036 \*\*\*150.00

<b>DOCUMENT # P03000119967</b> 1. Entity Name <b>ERLINDA, INC.</b>					
Principal Place of Business <b>848 BRICKELL KEY DRIVE, APT. 3606 MIAMI, FL 33131</b>			Mailing Address <b>848 BRICKELL KEY DRIVE, APT. 3606 MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GOLDEN, E. SCOTT</b> <b>644 S.E. 4TH AVENUE</b> <b>FORT LAUDERDALE, FL 33301</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ENRIQUEZ, CHRISTINO M.D.</b> <b>848 BRICKELL KEY DRIVE, APT. 3606</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ENRIQUEZ, ERLINDA B M.D.</b> <b>848 BRICKELL KEY DRIVE, APT. 3606</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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)(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.					
<b>SIGNATURE: ERLINDA B. ENRIQUEZ PRES.</b>					
3/1/04 <small>Date</small>					

**54027465**



01082004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0347565** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**