

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-09-2004 90029 006 ***150.00

DOCUMENT # P03000126768

1. Entity Name
SAINZ ASSOCIATES, INC.



Principal Place of Business

10700 S.W. 108 AVENUE
C409
MIAMI, FL 33176 US

Mailing Address

10700 S.W. 108 AVENUE
C409
MIAMI, FL 33176 US

66402639



2. Principal Place of Business

3. Mailing Address

P.O. BOX 565028

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022004

Chg-P

CR2E034 (10/03)

City & State

City & State
MIAMI, FL

4. FEI Number

54-2132555

Applied For

Not Applicable

Zip

Country

Zip
33256-5028

Country

US

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

SAINZ, GEORGE J
10700 S.W. 108 AVENUE
C409
MIAMI, FL 33176

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 renouncing)

DATE

LIFE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 ☐ Delete
NAME **P**
STREET ADDRESS **SAINZ, GEORGE J**
CITY-STATE-ZIP **10700 S.W. 108 AVENUE, #C409**
MIAMI, FL 33176

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-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.

SIGNATURE:

George J. Sainz

GEORGE J. SAINZ

2/2/04

(305) 399-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #