

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90370 044 ***150.00

DOCUMENT # P03000130766

1. Entity Name
ACOYMA MIAMI CORP.



Principal Place of Business

7819 NW 15 ST

MIAMI, FL 33126 US

Mailing Address

7819 NW 15 ST

MIAMI, FL 33126 US

44042257



2. Principal Place of Business

7819 NW 15 St

Suite, Apt. #, etc.

3. Mailing Address

7819 NW 15 St

Suite, Apt. #, etc.

03102004

Chg-P

CR2E034 (10/03)

City & State

Miami, Florida

Zip
33126

Country

US

City & State

Miami, Florida

Zip
33126

Country

US

4. FEI Number

20-0387103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAVIJO, JUAN C
1701 NE 191 STREET
218
MIAMI, FL 33179

7. Name and Address of New Registered Agent

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 \$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

TITLE **P** ☐ Delete
NAME **LOPEZ PRIETO, ALFONSO**
STREET ADDRESS **7819 NW 15 ST**
CITY-ST-ZIP **MIAMI, FL 33126 US**

TITLE **D** ☒ Delete
NAME **CLAVIJO, JUAN C**
STREET ADDRESS **1701 NE 191 STREET SUITE 218**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20/04 (305) 4369898

Date

Daytime Phone #