

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (A3)

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90300 001 \*\*\*150.00

**DOCUMENT # P03000135127**

1. Entity Name

NEIGHBORHOOD PARTNERS INC.



Principal Place of Business

11377 WEST FLAGLER ST  
MIAMI FL 33174  
US

Mailing Address

11377 WEST FLAGLER ST  
MIAMI FL 33174  
US

66423214



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 56-6184  
MIAMI  
FL  
33217

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZAYAS-BAZAN, MIRELLA  
P.O. BOX 65-0856  
MIAMI FL 33265

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11377 WEST FLAGLER ST.

City

MIAMI

FL

Zip Code

33174

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
CRUZ, EMILIO  
11377 WEST FLAGLER ST.  
MIAMI FL 33174

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SEC  
CRUZ, AILEEN  
11377 WEST FLAGLER ST  
MIAMI FL 33174

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 (305) 480-5499

Date

Daytime Phone #