

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 24, 2004 8:00 am
Secretary of State

05-10-2004 90476 027 ***158.75

5.

DOCUMENT # P03000135238	
1. Entity Name OFFICE IN A BOX, INC.	

Principal Place of Business 7800 NW 189 ST MIAMI, FL 33015	Mailing Address 7800 NW 189 ST MIAMI, FL 33015
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04302004 Chg-P CR2E034 (10/03)

4. FEI Number **41-2115842** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CASTELLANOS, ANGIE 7800 NW 189 ST MIAMI, FL 33015		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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 except the obligations of registered agent.

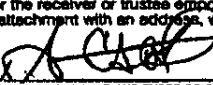
SIGNATURE _____ (Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CASTELLANOS, ANGIE 7800 NW 189 ST MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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)(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 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

4/30/2004 305-829-4195
Date Daytime Phone

Attachment

66428994

OFFICE IN A BOX, INC.
7800 NW 189 ST.
MIAMI, FL. 33015

JUNE 22, 2004

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

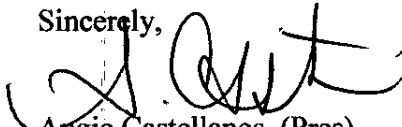
RE: P03000135238

To Whom It May Concern:

This morning I called Annual Reports Section to confirm that you received our corrections to the filing of my original report. To my distress I found out that you haven't, therefore and following your advice I am sending it for the second time and this time by certified mail.

I would appreciate your considerations to the matter,

Sincerely,



Angie Castellanos (Pres)
Ph: 305-829-4195

Enclosure: Copy of your letter dated 5/19/2004
Copy of 2004 Annual Report w/corrections