

ANNUAL REPORT

DOCUMENT # P03000137730

1. Entity Name
FONTECLAN, INC.



FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90713 002 ***150.00

Principal Place of Business
4656 S.W. 72ND AVE.
MIAMI, FL 33155

Mailing Address
4656 S.W. 72ND AVE.
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

36-4543254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLKO, BRUCE M
80 S.W. 8TH ST., STE. 1920
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name Hubert Fonte

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

4656 SW 72 AVE

City Miami

FL

Zip Code 33155

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] President

4/29/04

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 D ☐ Delete
NAME FONTE, HUBERT
STREET ADDRESS 4656 S.W. 72ND AVE.
CITY-ST-ZIP MIAMI, FL 33155

TITLE D ☐ Delete
NAME FONTE, MICHAELL
STREET ADDRESS 4656 S.W. 72ND AVE.
CITY-ST-ZIP MIAMI, FL 33155

TITLE D ☒ Delete
NAME FONTE, JORGE L
STREET ADDRESS 4656 S.W. 72ND AVE.
CITY-ST-ZIP MIAMI, FL 33155

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 D ☒ Change ☐ Addition
NAME Fonte, Michelle
STREET ADDRESS 4656 SW 72 AVE
CITY-ST-ZIP Miami, FL 33155

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

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

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

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)(l), 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] President

4/29/04 (305) 666-4932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number