

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90010 048 \*\*\*150.00

<b>DOCUMENT # P03000146213</b>																					
<b>1. Entity Name</b> PLACENTIA BUILDER INC.																					
<b>Principal Place of Business</b> C/O NICHOLAS FERNANDEZ, P.A. 780 N W LEJEUNE RD STE 324 MIAMI, FL 33126			<b>Mailing Address</b> C/O NICHOLAS FERNANDEZ, P.A. 780 N W LEJEUNE RD STE 324 MIAMI, FL 33126																		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																		
City & State			City & State																		
Zip		Country		Zip																	
Country		Country		Country																	
<b>6. Name and Address of Current Registered Agent</b>  ESQUIRE CORPORATE SERVICES, INC. 780 N W LEJEUNE RD STE 324 MIAMI, FL 33126				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																	
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when rehashing) Signature, typed or printed name of registered agent and title if applicable. DATE _____																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																		
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<b>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.</b>																					
<b>SIGNATURE:</b> _____ <span style="float: right;">3/23/04</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>																					

66410170



02122004 Chg-P CR2E034 (10/03)

4. FEI Number ☒ Applied For  
Not Applicable

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