

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/5/2004-900051033-\$150.00-\$150.00

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DOCUMENT # P03000147933

1. Entity Name
ARACELIS SHOES & CLOTHING CORP



04 OCT 29 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2376 WEST OAKRIDGE RD
ORLANDO, FL 32839 US**

Mailing Address
**2376 WEST OAKRIDGE RD
ORLANDO, FL 32839 US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

08022004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0464320

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**VERAS, ARACELIS
2561 SMITH FIELD DR
ORLANDO, FL 32837**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERAS, ARACELIS 2561 SMITH FIELD DR ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Aracelis Veras **8-2-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/22/04

Divisions of Corporations
P.O. BOX 6327
TALLAHASSEE, FL 32314

2376 West Oakridge Rd
Orlando, FL 32839

Division of Corporations,

Please excuse this 2004 for Profit Corporation Annual Report from being late. Due to the multiple hurricanes hit here in Florida this document was misplaced. Thank you for time and I hope this matter will be resolved as soon as possible. If one has any questions feel free to call Julio Molina at 407-228-4757. Thank You.

Sincerely,



Aracelis Veras

President