


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91033 031 \*\*\*158.75

<b>DOCUMENT # P03000157148</b>		
1. Entity Name <b>JOSUE ROSARIO-PASTRANA INC.</b>		
Principal Place of Business <b>832 ORIENTA AVE, # A ALTAMONTE SPRINGS, FL 32701</b>		Mailing Address <b>832 ORIENTA AVE, # A ALTAMONTE SPRINGS, FL 32701</b>
2. Principal Place of Business <b>834 Orienta Ave</b>	3. Mailing Address <b>834 Orienta Ave.</b>	
Suite, Apt. #, etc. <b>#C</b>	Suite, Apt. #, etc. <b>#C</b>	
City & State <b>Altamonte Spgs. FL</b>	City & State <b>Altamonte Spgs. FL</b>	
Zip <b>32701</b>	Country <b>FL</b>	Country <b>FL</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>ROSARIO-PASTRANA, JOSUE 832 ORIENTA AVE, # A ALTAMONTE SPRINGS, FL 32701</b>		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing : <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOSUE ROSARIO PASTRANA INC</b> <input type="checkbox"/> Delete <b>834 Orienta Ave, #C</b> <b>ALTAMONTE SPRINGS FL 32701-5633</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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: <u>Josue Rosario Pastрана</u>		4/23/04 407-443-7348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

66422101



03102004 Chg-P CR2E034 (10/03)

4. FEI Number **75-3139698** Applied For ☐ Not Applicable ☐

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

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.

9. Election Campaign Financing : ☐ **\$5.00 May Be Added to Fees**

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