

FILED
Jul 07, 2005 8:00 am
Secretary of State

06-20-2005 90002 035 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000168126

1. Entity Name
SELECTOS VARADERO, INC.



Principal Place of Business
7045 NW 173RD DRIVE
#307
HIALEAH, FL 33015

Mailing Address
7045 NW 173RD DRIVE
#307
HIALEAH, FL 33015

66024263



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06102005 Chg-P CR2E034 (10/03)

City & State

City & State

4. Filing Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUZA, BARTOLO
7045 NW 173RD DRIVE
#307
HIALEAH, FL 33015

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

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
Due by September 7, 2005

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
PD
BAUZA, BARTOLO
7045 NW 173RD DRIVE #307
HIALEAH, FL 33015 ☐ Delete

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

TITLE
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CITY- ST- ZIP
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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)(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:

[Signature]

President

6-15-05

285-1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

66624263

June 28, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TELLAHASSEE, FL 32314

REFERENCE# P04000168126

To Whom It May Concern:

THIS IS TO NOTIFY YOUR DEPARTMENT THAT WE NEVER RECIVED ANY
INFORMATION STATING US TO PAY A ANNUAL FEE. I HAD TO DOWN LOAD
FROM THE INTERNET THE FORM PLEASE WAIVE MY LAT FEE DUE TO THE
REASON I JUST EXPLAINED.

THANKS,



BARTOLO BAUZA