

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90277 011 \*\*\*158.75

**DOCUMENT # P93000021618**

1. Entity Name  
**12180 CORPORATION**



Principal Place of Business : Mailing Address  
P.O. BOX 650545 P.O. BOX 650545  
MIAMI, FL 33265 US MIAMI, FL 33165 US

**94054440**



01232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

4. FEI Number **65-0395961** Applied For  
Not Applicable

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

STEFANO, MARIANO  
~~14090 S.W. 34TH ST.~~  
~~MIAMI, FL 33176~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**11350 SW 95 ST.**  
City **Miami** FL Zip Code **33176**

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

*Stefano Mariano*

**11/24/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **STEFANO, JUAN J**  
CITY-ST-ZIP **14090 SW 34 ST**  
**MIAMI, FL**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **STEFANO, MARIANO**  
CITY-ST-ZIP **14090 SW 34 ST.**  
**MIAMI, FL**

TITLE ☐ Delete  
NAME **SECRETARY**  
STREET ADDRESS **STEFANO ANDRES**  
CITY-ST-ZIP **11350 SW 95 ST**  
**MIAMI FL 33176**

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11350 SW 95 ST**  
CITY-ST-ZIP **Miami, FL 33176**

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

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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)(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:

*Stefano Mariano*

Date **11/24/04** Daytime Phone #