2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90243 004 ***158.75

| 27p 33166 County U.S.A. 33166 County U.S.A. 33166 County U.S.A. 5. Certificate of Status Desired Fee Regulators 8. Name and Address of Current Registered Agent | 1. Entity Nam | MENT # P93000078 | | · | | | , | | | |
|--|---------------------------------------|--|---|--|--|--|---|--|---|---|
| 2050 NW 79 AVENUE MIMMI, FL 33122 2. Principal Place of Business 348 PAYNE DRIVE Suite, Apt. 4 etc. Su | Principal Plac | e of Business | | | <u> </u> | | | 94075 | 114 | |
| Suite, APA 4, ref. Suite APA 4, ref. Suite, APA | = | | | | Linguary | Y 1816 - 1111 - 2511 - 2511 - 2511 | | | rivan it thus | |
| Suite Apt # #60. City & State MIAMI SPRINGS County U.S.A. 7/2 33166 County U.S.A. 7/2 7/2 Since Continue of Brance Deviced on Branch Deviced on Branch Deviced on Brance Deviced on Branch Deviced on Brance Deviced Deviced on Brance Deviced | 2. Principal P | | 3. Mailing Address | | | | | | | |
| City & State MIAMI SPRINGS City & State Miami SPRINGS A. FEI Number 65-0458109 Section 55-0458109 S | | | | | | 04070004 | Cha B | CDoFoo | A (10(00) | |
| MIAMI SPRINGS 65-0458109 Not Applicable 29 Country U.S.A. 33166 Country U.S.A. 33166 U.S.A. 33166 U.S.A. 33166 U.S.A. 33166 U.S.A. 33166 V.S.A. 3316 | City & State | | City & State | | | | | UNZEW- | · | polied For |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name MARK A MORENO, ANTONIO 13330 SW 5TH STREET MIAMI, FL 33184 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Picrice is an interest in the obligations of registered agent, or both, in the State of Picrice is an interest in the obligations of registered agent, or both, in the State of Picrice is an interest in the obligations of registered agent, or both, in the State of Picrice is an interest in the obligations of registered agent, or both, in the State of Picrice is an interest in the obligations of registered agent, or both, in the State of Picrice is an interest in the obligations of registered agent, or both, in the State of Picrice is an interest in the obligations of registered agent, or both, in the State of Picrice is an interest in the obligations of registered agent, or both, in the State of Picrice is an interest in the obligations of registered agent, or both, in the State of Picrice is an interest in the state of | Zin | | MIAMI SPRINGS | | | 65-0458109 Not Applicable | | | | |
| MORENO, ANTONIO 13330 SW 5TH STREET MIAMI, FL 33184 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I run familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I run familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I run familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I run familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I run familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I run familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I run familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I run familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I run familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I run familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I run familiar with, and accept the run familiar with and run familiar with and accept the run familiar with and ru | | 66 U.S.A | 33166 | 334 | - | <u> </u> | | F | ee Require | |
| Street Address (P.O. Box Number is Not Acceptable) 348 PAYNE DR. City MIAMI SPRINGS, FL 2*p Code 33168 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent, or both, in the State of Florida. I am familiar with accept the collegators of registered agent, or both, in the State of Florida. I am familiar with an accept the registered agent, or registered agent, or both, in the State of Florida. I am familiar with an accept the registered office or registered agent, or both, in the State of Florida. I am familiar with remarks agent agent agent agent agent agent agent a | | | Hegistered Agent | | | | Address of New P | registered Aç | jent | |
| 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 vegistered agent. SIGNATURE: City MIAMI SPRINGS FL Zip Code 33166 | | | | | | | | | | |
| B. 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 vegistered agent. 94 - 27 - 04 10. | MIAMI, FL | 33184 | | | 348 | PAYNE DR. | | | | |
| the obligations of negletized agent. Signature Signature Signature Signature Note Note Signature Note No | | , , , | | | City MIAI | MI SPRINGS, | | FL | Zip Cod | e 33166 |
| SIGNATURE Signature Individual properties and the # applicable. (hOTE Registeries Aport appratus required vers reinfelling) PILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 8. Election Campasign Financing Trust Fund Contribution. 8. Election Campasign Financing Trust Fund Contribution. 8. Election Campasign Financing Trust Fund Contribution. 8. Added to Feese Added to Fees | | | or the purpose of chan | iging its register | ed office or regis | stered agent, or bo | th, in the State of Fi | orida. I am fa | miliar with, | and accept |
| FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P MORENO, MARK STRET ADDRESS AND SPRINGS, FL 33166 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S MAKE STRET ADDRESS OFFI-ST-IP MAKE STRET ADDRESS OFFI-ST-IP MIAMI SPRINGS, FL 33166 O | • | Moren | <u> </u> | ANOTE DE | | | - n 200 h | | 7 - 04 | |
| TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE V MORENO, MATCH STREET ADDRESS CITY-ST-ZIP MAMI, FL 33186 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MAMI, FL 33186 Delete TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP MAMI, FL 33186 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM | | | | Campaign Finar | ncing | 55.00 May Be | | <u> </u> | | |
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| MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | MORENO, ANTONIO 13330 SW 5TH ST | Dela | NAM STRE | E AN | NIE M. MOREN B PAYNE DR. | _ | | ☐ Change | ☐ Addition |
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| NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE 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: 04 - 27 - 04 305 - 970 - 0199 | NAME STREET ADDRESS | | □ Dele | NAM STRI | EET ADDRESS | | | | □ 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 807, 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: 04 - 27 - 04 305 - 970 - 0199 | NAME STREET ADDRESS | | □ Dele | MAN STRI | ME EET ADDRESS | | | | ☐ Change | Addition |
| SIGNATURE: 04 - 27 - 04 305 - 970 - 0199 | NAME STREET ADDRESS CITY-ST-ZIP | | | NAM STR CITY | Æ EET ADDRESS 7- ST- ZIP | | | , | - | ☐ Addition |
| SIGNATURE: 1/ 00 100 00 | 12. I hereby indicated of the co- | certify that the information supplied wit on this report or supplemental report rporation or the receiver or trustee emp or on an attachment with an address, | h this filing does not q s true and accurate ar sowered to execute thi with all other like emp | ualify for the exe nd that my signa is report as requi powered. | emption stated in sture shall have the ired by Chapter | Section 119.07(3) he same legal effe 607, Florida Statut | (i), Florida Statutes ct as if made under es: and that my nan | . I further certi- cath; that I ar ne appears in | fy that the in an officer Block 10 c | nformation or director or Block 11 if |
| | SIGNAT | TURE: SIGNATURE AND TYPETTER | PRINTED MANE OF SIGNING | OFFICER OF DIRECT | TOR | | 04 - 27 - (| | | 0199 |