

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90013 026 ***150.00

DOCUMENT # P93000079250

1. Entity Name
H.I.N.S.I.B. TECHNICAL OFFICE, INC.



Principal Place of Business
2121 PONCE DE LEON BLVD.
~~725~~
CORAL GABLES, FL 33134 US

Mailing Address
2121 PONCE DE LEON BLVD.
~~725~~
CORAL GABLES, FL 33134 US

11011066



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

524

Suite, Apt. #, etc.

524

City & State

City & State

Zip

Country

Zip

Country

07062004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0448018

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSTAMANTE, ALBERT
2121 PONCE DE LEON BLVD.
SUITE 725
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

FABIO FAJARDO

Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON BLVD.

SUITE 524

City

CORAL GABLES FL

FL

Zip Code

33134

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 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

TITLE PD ☐ Delete
NAME PADILLA, JAVIER
STREET ADDRESS 2121 PONCE DE LEON BLVD SUITE 725
CITY-ST-ZIP CORAL GABLES, FL

TITLE VPTD ☐ Delete
NAME PADILLA, RAUL
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 725
CITY-ST-ZIP CORAL GABLES, FL

TITLE ST ☐ Delete
NAME PADILLA, JOSE
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 725
CITY-ST-ZIP CORAL GABLES, FL

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
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME FABIO FAJARDO
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 524
CITY-ST-ZIP CORAL GABLES, FL 33134

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABIO FAJARDO

Date

Daytime Phone #

7/6/04 (305) 443 4349