

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90093 034 ***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. #524
CORAL GABLES, FL 33134 US

Mailing Address
2121 PONCE DE LEON BLVD. #524
CORAL GABLES, FL 33134 US

50022017



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0448018

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

FAJARDO, FARIO
2121 PONCE DE LEON BLVD. #524
MIAMI, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D
NAME FADARO, FABIO
STREET ADDRESS 2121 PONCE DE LEON BLVD. #524
CITY-ST-ZIP MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *FABIO Fajardo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05 (305)443-4347

Date

Daytime Phone #