

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000001686

1. Entity Name
400 BANYAN TREE CORP.



Principal Place of Business
**400 NE 26 ST
MIAMI, FL 33137 US**

Mailing Address
**57000 SW 97TH ST.
PINECREST, FL 33156**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0476555

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIR, HECTOR J
2655 LE JEUNE RD
SUITE 1107
CORAL GABLES, 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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RODRIGUEZ, ARMANDO A
5700 SW 97 ST.
PINECREST, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RODRIGUEZ, FELIX R
6969 COLLINS AVE. APT. 710
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RODRIGUEZ, NORMA G
5700 SW 97 ST.
PINECREST, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RODRIGUEZ, MARTA R
6969 COLLINS AVE. APT 710
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000153623
05/04/04-80134-024 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #