

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90192 020 ***150.00

DOCUMENT # P94000017633

1. Entity Name

THE TOMAS SANCHEZ CORPORATION



Principal Place of Business

% JAF
2701 S LE JEUNE RD, SUITE 310
CORAL GABLES FL 33134

Mailing Address

% JAF
2701 S LE JEUNE RD, SUITE 310
CORAL GABLES FL 33134

2. Principal Place of Business

C/O JAF 1428 Brickell Avenue
Suite, Apt. #, etc.
Suite 206

3. Mailing Address

C/O JAF 1428 Brickell Avenue
Suite, Apt. #, etc.
Suite 206

City & State

Miami, Florida

City & State

Miami, Florida

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number

65-0479273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUAN A FIGUEROA, P.A., C.P.A.
2701 S LE JEUNE RD
SUITE 310
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Juan A. Figueroa, P.A., C.P.A.

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

1428 Brickell Avenue, Suite 206

City

Miami

FL

Zip Code

33131

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

X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

X

DATE

4/19/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPS ☐ Delete
NAME SANCHEZ, TOMAS
STREET ADDRESS 2701 S LE JEUNE RD #310
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DVT ☐ Delete
NAME RAMOS, ROBERTO
STREET ADDRESS 2701 S LE JEUNE RD #310
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 DPS ☒ Change ☐ Addition
NAME Sanchez, Tomas
STREET ADDRESS 1428 Brickell Avenue, Suite 206
CITY-ST-ZIP Miami, Fl. 33131

TITLE DVT ☒ Change ☐ Addition
NAME Ramos, Roberto
STREET ADDRESS 1428 Brickell Avenue, Suite 206
CITY-ST-ZIP Miami, Fl. 33131

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
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: X

Tomas Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/21/05 X (305) 448 5844

Date

Daytime Phone #