

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000023356**

1. Entity Name  
**SHADE INVESTMENTS, CORP.**



Principal Place of Business

**348 BRICKELL AVE.  
SUITE 1010  
MIAMI, FL 33131**

Mailing Address

**848 BRICKELL AVE.  
SUITE 1010  
MIAMI, FL 33131**



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0583439**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**OJEDA, ALAN  
848 BRICKELL AVE.  
SUITE 1010  
MIAMI, FL 33131**

**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, 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	P MARIV, ANTONIO B. 848 BRICKELL AVE SK-1010 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABASCAL, TERESA B 848 BRICKELL AVE SK 1010 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABASCAL, JOMENA B. 848 BRICKELL AVE SUITE 1010 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ, TERESA A. 848 BRICKELL AVE SUITE 1010 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04142004043337  
65-0583439-023 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

155  
150.00  
FEE