## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 10, 2004 08:00 AM Secretary of State DOCUMENT # P94000065794 LUIS MONTOYA SCULPTURE STUDIO, INCORPORATED Principal Place of Business Mailing Address 4110 GEORGIA AVE. 4110 GEORGIA AVE. WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0515203 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name METT, SYLVIA J Street Address (P.O. Box Number is Not Acceptable) 2501-B PRESIDENTIAL WAY WEST PALM BEACH FL 33401 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE Change Addition NAME **LUIS FERNANDEZ** MAME U00000083313 STREET ADDRESS 11579 41ST CT NO. STREET ADDRESS 03/10/04-80034-011 150.00 CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY - ST- ZIP HILE ☐ Defete BILE ☐ Change Addition ORTIZ, LESILE MAME NAME STREET ADDRESS 1305 NORTH LIST STREET ADDRESS CITY - ST - ZIP LAKE WORTH FL 33460 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CSTY+ST-ZSP CITY-ST-ZIP THE ☐ Delete BBF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP HILE ☐ Delete SITE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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.

**FILED** 

Luis FERNANDEZ 3/8/04 (SEI)6554644