

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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DOCUMENT # P95000005015

1. Entity Name  
345 RUNA, INC.



04 JAN 20 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
687 HARBOR LANE  
KEY BISCAYNE, FL 33149

Mailing Address  
345 HARBOR LANE  
KEY BISCAYNE, FL 33149 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0554806

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JUARA, ELISA  
687 HARBOR LANE  
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name

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

700027771457  
01/29/04--01030--021 \*\*150.00

City

FL

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)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JUARA, ELISA  
STREET ADDRESS 687 HARBOR LANE  
CITY-ST-ZIP KEY BISCAYNE, FL 33149 ☐ Delete

TITLE VPSD  
NAME TORANO, MARIA T  
STREET ADDRESS 345 HARBOR LN  
CITY-ST-ZIP KEY BISCAYNE, FL 33149 ☐ Delete

TITLE TDVP  
NAME TORANO, RAUL  
STREET ADDRESS 345 HARBOR DR  
CITY-ST-ZIP KEY BISCAYNE, FL 33149 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

4 of 4

City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	<input type="text" value="VP"/>	
Officer/Director Signature	<input type="text" value="RAUL TRANO"/>	



## Division of Corporations

## Annual Report

Page 1

Document Number

**P95000005015**

Business Entity Name

**345 RUNA, INC.**

FEI Number

**650554806**

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired. ☐ Yes ☒ No

## Principal Place of Business

Address

**687 HARBOR LANE**

Suite, Apt. #, etc.

City, State

**KEY BISCAYNE****FL**

Zip Code &amp; Country

**33149**

## Mailing Address

Address

**345 HARBOR LANE**

Suite, Apt. #, etc.

City, State

**KEY BISCAYNE****FL**

Zip Code &amp; Country

**33149****US**

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

**JUARA****ELISA**

-or- RA Business Name

Address

**687 HARBOR LANE**

Suite, Apt. #, etc.

City, State

**KEY BISCAYNE****FL**

Zip Code &amp; Country

**33149****US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



## Division of Corporations

## Annual Report

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Document Number  
**P95000005015**  
Business Entity Name  
**345 RUNA, INC.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address