

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000028679**

1. Entity Name  
**CROMADOS LOS PRIMOS, INC.**



Principal Place of Business  
**1110 6TH AVENUE SOUTH  
LAKE WORTH, FL 33460**

Mailing Address  
**1110 6TH AVENUE SOUTH  
LAKE WORTH, FL 33460**



07152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0667635</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MUNOZ, LUIS  
1110 6TH AVENUE SOUTH  
LAKE WORTH, FL 33460**

**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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST MUNOZ, LUIS 1110 6TH AVENUE SOUTH LAKE WORTH, FL 33460</b>
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07/20/04-80005-024 150.00

**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)(f), 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

*[Signature]*  
Date

*[Signature]*  
Daytime Phone