

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000032057

1. Entity Name
BUFETE INDUSTRIAL, INC.



Principal Place of Business

1330 CORAL WAY
#305
MIAMI, FL 33145

Mailing Address

1330 CORAL WAY
#305
MIAMI, FL 33145



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0699037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERO, EDUARDO
9805 NW 52 ST.
#104
MIAMI, FL 33178

**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 PD
NAME RIVERO, EDUARDO
STREET ADDRESS 9805 N.W. 52ND ST., #104
CITY-ST-ZIP MIAMI, FL 33188

TITLE ST
NAME LEON DE RIVERO, MIRIAM
STREET ADDRESS 9805 NW 42ND ST., #104
CITY-ST-ZIP MIAMI, FL 33175

TITLE D
NAME JULIETA, RIVERO LEON
STREET ADDRESS 9805 NW 42ND ST 104
CITY-ST-ZIP MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000098075
03/29/04-80026-006 150.00

**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

03-26-2004

Date

(305) 513-0677

Daytime Phone #