

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000039475

1. Entity Name  
RENEW-IT EXPERTS, INC.



Principal Place of Business  
19800 S.W. 180TH AVE.  
LOT 452  
MIAMI, FL 33187

Mailing Address  
19800 S.W. 180TH AVE.  
LOT 452  
MIAMI, FL 33187

FILED  
04 OCT -4 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09302004 No Chg-P CR2E034 (10/03)

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4. FEI Number  
65-0620048

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, MICHAEL  
17334 NW 62 CT  
HIALEAH, FL 33015

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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 reconstituting)

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 PD  
NAME RIGABA, OTTO  
STREET ADDRESS 19800 S.W. 180TH AVE., #452  
CITY-ST-ZIP MIAMI, FL 33187

TITLE ST  
NAME RIGABA, GLADYS  
STREET ADDRESS 19800 SW 108TH AVE., #452  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800041638718  
10/06/04--01026--006 \*\*150.00

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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: OTTO RIGABA OTTO RIGABA, DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/26/04 (305) 254-3858