

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90288 021 ***150.00

DOCUMENT # P95000051225

1. Entity Name
COLINDRES BUILDING, INC.



Principal Place of Business

**9688 S.W. 24TH STREET
MIAMI, FL 33165**

Mailing Address

**9688 S.W. 24TH STREET
MIAMI, FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0595535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M
782 NW LEJEUNE ROAD
SUITE 548
MIAMI, FL**

7. Name and Address of New Registered Agent

Name

Law Offices of

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

Marquez & Marcelo Robaina, P.A.

Lejeune Center, Suite 548

City

782 N.W. Lejeune Road

Miami, Florida 33126

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)

4/15/04

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 ☐ Delete
NAME HERRAN, MANUEL A
STREET ADDRESS 8460 SW 5TH STREET
CITY-ST-ZIP MIAMI, FL 33144

TITLE SD ☐ Delete
NAME VALDES, DANIEL R.
STREET ADDRESS 9755 S.W. 62 ST.
CITY-ST-ZIP MIAMI, FL

TITLE DVP ☐ Delete
NAME HERRAN, EMILIANO
STREET ADDRESS 12900 S.W. 2ND STREET
CITY-ST-ZIP MIAMI, FL 33182

TITLE DT ☐ Delete
NAME HERRAN, JOSE A
STREET ADDRESS 8455 GRAND CANAL DRIVE
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 (305) 447-1160

Date

Daytime Phone #