

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000051599

1. Entity Name

KINGSTOWN INVESTMENTS, INC.



Principal Place of Business

801 BRICKELL AVENUE
16TH FLOOR
MIAMI, FL 33131 US

Mailing Address

801 BRICKELL AVENUE
16TH FLOOR
MIAMI, FL 33131 US

FILED

04 APR 19 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0600053

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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 NAME STREET ADDRESS CITY - ST - ZIP	PST TORRES, JUAN CARLOS 801 BRICKELL AVENUE, 16TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, JUAN CARLOS 801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131
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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:

Juan Carlos Torres JUAN CARLOS TORRES

3/1/04

305-381-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #