

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000059275

1. Entity Name
SOUTH FLORIDA LOCKSMITH OF KENDALL, INC.



FILED
04 APR 30 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12558-A SW. 88 ST
MIAMI, FL 33186

Mailing Address

PEREZ BEHAR & ASSOC, P.A.
13935 NW 1ST AVE
MIAMI, FL 33168



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0604756

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

CAJIGAS, JOSE L
1782 SW 1 STREET
MIAMI, FL 33135

**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

6500035727856
05/06/04--01081--004 **150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CAJIGAS, LAZARA 18117 SW 142 CT. MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDD CAJIGAS, JOSE N 18117 SW 142 CT. MIAMI, FL 33177
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Date

Daytime Phone #