2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
04 MAR 29 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064590

1. Entity Name
600-602, INC.

Principal Place of Business	Mailing Address
600 & 602 NW 23 PL MIAMI FL 33196 US	9280 SW 150 AVE SUITE 105 ~~20~~ MIAMI FL 33196 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
	9280 SW 150 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE # 105
City & State	City & State MIAMI
Zip / Country	Zip F 33196 / Country US

4. FEI Number 65-0618467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESPINEL, PAULINO
9280 SW 150 AVE SUITE 105
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name Espinel Paulino
Street Address (P.O. Box Number is Not Acceptable) 9280 SW 150 Ave S# 105
City MIAMI FL Zip Code 33196

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] 3/22/2004
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ESPINEL, PAULINO		NAME	
STREET ADDRESS	9280 SW 150 AVE 105		STREET ADDRESS	000031546970
CITY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP	03/31/04--01017--020 **1650.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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.

Paulino Espinel Sr.
9280 SW 150 Ave.
Suite #105
Miami, Fl 33196

SIGNATURE: [signature] 3/22/2004 305 726 8627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #