

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90358 001 ***150.00

DOCUMENT # P95000082787

1. Entity Name

ATHENA PARTNERS, INC.



Principal Place of Business

620 DESTACADA AVE.
CORAL GABLES FL 33156

Mailing Address

620 DESTACADA AVE.
CORAL GABLES FL 33156

2. Principal Place of Business

1200 BRICKELL AVE.

3. Mailing Address

1200 BRICKELL AVE.

Suite, Apt. #, etc.

SUITE 750

Suite, Apt. #, etc.

SUITE 750

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0633266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACK, D. ROBERT
1200 BRICKELL AVE.
SUITE 750
MIAMI FL 33131

Name

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

City

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)

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 PD
NAME BLACK, D. ROBERT ☐ Delete
STREET ADDRESS 620 DESTACADA AVE, ~~1200~~
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1200 BRICKELL AVE. SUITE 750
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME BLACK, BARBARA L ☐ Delete
STREET ADDRESS 620 DESTACADA AVE
CITY-ST-ZIP MIAMI FL 33156

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1200 BRICKELL AVE., SUITE 750
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

D. R. BLACK D. R. BLACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

305 668 1707
Daytime Phone #