

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000005706

1. Entity Name  
PREPALSA, INC.



Principal Place of Business  
3166 NORTH 34TH ST.  
HOLLYWOOD, FL 33021

Mailing Address  
3166 NORTH 34TH ST.  
HOLLYWOOD, FL 33021



05062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0634060

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LOPEZ, JORGE  
5200 BLUE LAGOON DR.  
SUITE 600  
MIAMI, FL 33126

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HOGARTH, MARIELYN  
3166 N. 34TH ST.  
HOLLYWOOD, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HOGARTH, ANTOINE  
167, RUE DU CENTRE  
PORT-AU-PRINCE, HA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MARTELLY, MARIE E  
167, RUE DE CENTRE  
PORT AU PRINCE, HA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000159897  
05/12/04-80005-012 150.00

**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 SIGNED OFFICER OR DIRECTOR

May 04, 04 - 954-9615892  
Daytime Phone