

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90345 041 ***150.00

DOCUMENT # P96000023658



1. Entity Name

SAULO'S INTERIORS, INC.

Principal Place of Business

Mailing Address

~~7850 WEST 28TH AVE
APT #115
HIALEAH FL 33018~~

~~7850 WEST 28TH AVE
APT #115
HIALEAH FL 33018~~

2. Principal Place of Business

3. Mailing Address

~~11023 WEST OKEECHOBEE ROAD.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~APT # 201~~

City & State

City & State

~~HIALEAH GARDENS FL~~

Zip

Country

Zip

Country

~~33018~~

~~U.S.~~



MOORE

CR2E034 (11/03)

4. FEI Number

65-0832506

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

VALBUENA, SAULO A
7850 WEST 28TH AVE
APT # 115
HIALEAH FL 33018

Name

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

~~11023 WEST OKEECHOBEE ROAD~~

~~APT # 201~~

City ~~HIALEAH GARDENS~~

FL

Zip Code

~~33018~~

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]

(NOTE: Registered Agent signature required when reinstating)

4/20/04
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 P ☐ Delete
NAME VALBUENA, SAULO A
STREET ADDRESS 7850 WEST 28TH AVE APT #115
CITY-ST-ZIP HIALEAH FL 33018

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11023 WEST OKEECHOBEE ROAD APT #201
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 the empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

Daytime Phone #