

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000026427

1. Entity Name

264, INC.



Principal Place of Business

264 -266 SW 19 RD
MIAMI FL 33129-1425

Mailing Address

9280 SW 150 AVE SUITE 105
MIAMI FL 33196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0812943

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

ESPINEL, PAULINO
9280 SW 150 AVE SUITE 105
MIAMI FL 38196

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
ESPINEL, PAULINO
9280 SW 150 AVE SUITE 105
MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
900031546989
03/31/04--01017--020 **1650.00

TITLE
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☐ Change ☐ Addition

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 file 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 information required by Chapter 607, Florida Statutes.

SIGNATURE:

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

3/22/2004

305 726 8627

Date

Daytime Phone #