

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-09-2004 90010 028 ***150.00
P96000099254

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DOCUMENT # P96000099254

1. Entity Name

ILLUMINATION SALES ASSOCIATES, INC.



FILED

04 JUL 28 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

04

Principal Place of Business
3460 FAIRLANE FARMS RD
STE #2
WELLINGTON FL 33414

Mailing Address
3460 FAIRLANE FARMS RD
STE #2
WELLINGTON FL 33414

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 65-0727739

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

ARIAS, JULIO E
3460 FAIRLANE FARMS RD
STE #2
WELLINGTON FL 33414

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	D	<input type="checkbox"/> Delete
NAME	ARIAS, JULIO E	
STREET ADDRESS	833 FOREST GLEN LN	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARIAS, EDNA M	
STREET ADDRESS	833 FOREST GLEN LN	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7774 Quida Dr	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7774 Quida Dr	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JULIO E. ARIAS

7/6/04 561-791-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6

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Illumination Sales Associates, Inc.
3460 Fairlane Farms Road #2
Wellington, FL 33414

July 25, 2004

Division of Corporations
Annual Report/ Uniform Business Report Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # P96000099254
FEIN: 65-0727739

Since I did not receive the annual report form until after the filing date, I'm requesting that the late fee be waived..

Thanking you in advance.

Sincerely,



Julio E. Arias