

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

150.00

DOCUMENT # P97000022700

1. Entity Name

HURRICANE COVE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 9:56

Principal Place of Business

1350 N.W. 18 AVE.
MIAMI FL 33125

Mailing Address

1350 N.W. 18 AVE.
MIAMI FL 33125

1884 N.W. N. RIVER DR.

1884 N.W. N. RIVER DR.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Miami, FL

City & State

Suite, Apt. #, etc.

Miami, FL

City & State

Zip
33125

Country
USA

Zip
33125

Country
USA

gss



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0732385

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

ACOSTA, ANTONIO
5991 N.W. 173RD TERR.
MIAMI FL 33018

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, 2005 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ACOSTA, ANTONIO
8991 NW 173RD TER
MIAMI FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAST
VINAS, ROBERTO
C/O 225 ALHAMBRA CIR STE 425
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VINAS, ROBERTO
C/O 225 ALHAMBRA CIR STE 425
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800046160198
02/07/05--01093--003 **1050.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Antonio Acosta 2-15-05