

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000037213

1. Entity Name
THE FINANCIAL COACH, INC.



FILED

04 APR 23 PM 3:34

SECURITY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8306 MILLS DR.
#244
MIAMI, FL 33183

Mailing Address
8306 MILLS DR.
#244
MIAMI, FL 33183

2. Principal Place of Business
947 N.E. 125 ST
Suite, Apt. #, etc.

3. Mailing Address
947 N.E. 125 ST
Suite, Apt. #, etc.



04212004 Chg-P CR2E034 (10/03)

City & State
No. Miami - FL.
Zip
33161
Country

City & State
No. Miami - FL.
Zip
33161
Country

4. FEI Number
65-0748833
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARRA, ANDRES
13534 S.W. 114 CT
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name
PARRA, ANDRES
Street Address (P.O. Box Number is Not Acceptable)
14955 S.W. 202 AV.
City
Miami
FL Zip Code
33196

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

04/22/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
P
PARRA, ANDRES
13534 SW 114 CT
MIAMI, FL 33176 ☐ 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

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
PD
PARRA, ANDRES
14955 SW 202 AV
MIAMI - FL 33196 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600034822746
04/30/04--01025--006 **150.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

04/22/04

Date

(305) 794-2765

Daytime Phone #