

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90039 018 ***150.00

DOCUMENT # P97000052451

1. Entity Name

16851 CORPORATION, INC.



Principal Place of Business

~~104 PARK DRIVE~~ 112 BAL CROSS DR
BAL HARBOUR FL 33154
US

Mailing Address

~~104 PARK DRIVE~~ 112 BAL CROSS DR
BAL HARBOUR FL 33154
US

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

65-0763947

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

LAGOS, STELLA
~~104 PARK DR~~ 112 BAL CROSS DR
BAL HARBOUR FL 33154

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 P ☐ Delete
NAME LAGOS, STELLA
STREET ADDRESS 112 BAL CROSS DR
CITY-ST-ZIP MIAMI BEACH FL 33154
~~BAL HARBOUR~~

TITLE LAGOS STELLA (PRES.) ☒ Change ☐ Addition
NAME 112 BAL CROSS DR
STREET ADDRESS BAL HARBOUR FL 33154
CITY-ST-ZIP

TITLE S ☐ Delete
NAME LAGOS, MICHAEL
STREET ADDRESS 112 BAL CROSS DR
CITY-ST-ZIP MIAMI BEACH FL 33154
~~BAL HARBOUR~~

TITLE SECK ☒ Change ☐ Addition
NAME LAGOS MICHAEL
STREET ADDRESS 112 BAL CROSS DR
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Stella Lagos (PLS10) STELLA LAGOS

Date

FEB 11-04

Daytime Phone #