

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 OCT -5 PM 12:55



DOCUMENT # P97000066990

1. Entity Name
SPLASH AND FLASH, INC.

Principal Place of Business
3015 NORTHWEST 79 STREET
SUITE E-38139
MIAMI, FL 33147 US

Mailing Address
3015 NORTHWEST 79 STREET
SUITE E-38139
MIAMI, FL 33147 US

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

09132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0771774

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HURTADO, PUBENZA
9300 BAY HARBOUR TEAR APT 3B
MIAMI, 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 reissuing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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 PSTD ☐ Delete
NAME HURTADO, PUBENZA
STREET ADDRESS 3015 NW 79 ST, E38E39
CITY-ST-ZIP MIAMI, FL 33147

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800041604558
CITY-ST-ZIP 10/05/04--01032--016 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

Miami sept. 29/04

Division of Corporations
P.O Box 6327
Tallahassee, FL 32302-1500

For the present, I let you know
I didn't receive notice of this
ANNUAL Report being due by May 1,
pursuant to 607.193, Florida Statutes.

Sincerely,

Splash and flash

Rebenza Hurtado
President.

