

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90031 021 ***150.00

DOCUMENT # P97000086282

1. Entity Name

COLEMAN ENTERPRISES OF MIAMI, INC.



Principal Place of Business

13731 VAN BUREN STREET
MIAMI FL 33176

Mailing Address

13731 VAN BUREN STREET
MIAMI FL 33176

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

65-0786876

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

BAKER, LOUISE C
13731 VAN BUREN STREET
MIAMI FL 33176

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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAKER, LOUISE C | |
| STREET ADDRESS | 13731 VAN BUREN STREET | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALL, MANDY C | |
| STREET ADDRESS | 12295 S.W. 151 ST. E209 | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COLEMAN, SAMUEL L SR. | |
| STREET ADDRESS | 11821 S.W. 182 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33170 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COLEMAN, RUBIN SR. | |
| STREET ADDRESS | 4401 S.W. 20TH STREET #1 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALL, FATIMA L | |
| STREET ADDRESS | 12295 S.W. 151 STRETT E209 | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHISM, ERNESTINE | |
| STREET ADDRESS | 15000 MONROE STREET | |
| CITY-ST-ZIP | MIAMI FL 33176 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Louise C. Baker Louise C. Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 *305 232-0340*
Date Daytime Phone #