

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90033 029 ***150.00

DOCUMENT # P97000095378

1. Entity Name
JUAN ARDILES ENTERPRISES, INC.



Principal Place of Business
**5881 S.W. 21ST STREET
HOLLYWOOD, FL 33023**

Mailing Address
**5881 S.W. 21ST STREET
HOLLYWOOD, FL 33023**

54027279



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0791621

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

**ARDILES, JUAN J
3011 N.W. 1ST STREET #305 BLDG 7
PEMBROKE PINES, FL 33028**

Name
ARDILES, JUAN P

Street Address (P.O. Box Number is Not Acceptable)
6041 SUPERIOR BLVD

City
DAVIE

FL

Zip Code
33331

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 then it appears

(NOTE: Registered Agent signature required when reinstating)

DATE

04/01/04

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ARDILES, MARIA A
5881 S.W. 21ST STREET
HOLLYWOOD, FL 33023** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ARDILES, MARIA A
3090 SALINAS BAY
MIRAMAR, FL 33025** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ARDILES, JUAN JR.
5881 S.W. 21ST STREET
HOLLYWOOD, FL 33023** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ARDILES, JUAN P
6041 SUPERIOR BLVD
DAVIE, FL 33331** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ 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: **President** **04/01/04. (954) 964 6374.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #