2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # P9800000 PESTMENT, INC.	1	4-26-2004 9	_						
Suite. April 4, ricc. Suite. April 4, ricc. Suite. April 4, ricc. Suite. April 4, ricc. Suite. April 4, ricc. Suite. April 4, ricc. Suite. April 4, ricc. Scooled To. Scool	10442 NW 3	31ST TERRACE	10442 NW 31ST TER	RRACE							
City & State Ci	2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address							
Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Apolicable \$9.75	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034	4 (10/03)		
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name SEGOVIA, JAIME C JOHN TERRACE MIAMI, FL 33172 Bit new Address (P.O. Box Number is Not Acceptable) Sirves Address (P.O. Box Number is Nu	City & Stat	te	City & State	City & State		I	17			·	
SEGOVIA, JAIME C Other Programme and Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the Indiana in the State of Florida I am familiar with, and acceptable in the Indiana in Indiana in Indiana. In It I am Indiana in Indiana in Indiana in Indiana in Indian	Zip	Country	Zip	Coun	ntry	5. Certificate of St	tatus Desired		8.75 Add	litional	
SEGOVIA, JAIME C The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Street Address (P.O. Box Number is Not Acceptable) The Signature of Porida. I am familiar with, and accept in the Acceptable of Porida. I am familiar with, and accept in the Acceptable of Porida. I am familiar with, and accept in the Acceptable of Porida. I am familiar with, and accept in the Acceptable of Porida I in the State of Porida. I am familiar with, and accept in the Acceptable of Porida I in the State of Porida I in		6. Name and Address of Curre	ent Registered Agent		Name			egistered Ag	jent		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE: City FL Zip Code City FL Zip Code City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the state of Florida. I am lamiliar with, and accept the state of Florida. I am lamiliar with, and accept the state of Florida. I am lamiliar with, and accept the state of Florida. I am lamiliar with, and accept the state of Florida. I am lamiliar with, and accept the floridation. Intermediation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the floridation. Intermediation of registered agent. Intermediation of the state of Florida state of Florida. I am lamiliar with, and accept the floridation of the state of Floridation of t						/D O Pay Number is	Not Acceptable				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or pristing name of registered agent and till 4 applicable. OCTE Registered Agent speakure required without rendating) DATE					Sileet Muuicoo	3 (P.O. DOX Namoor is	NOt Acceptable	<u> </u>			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE: NOTE Registered Agent signature required when remissing) DATE		* · · · · · · · · · · · · · · · · · · ·			City		ч-	FL	Zip Code	θ	
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE PD	_		gent and title if applicable. (N	IOTE: Registerr	ed Agent signature requir	red when reinstating)		DATE			
TITLE NAME SEGOVIA, JAIME C SEGOVIA, JAIME C SEGOVIA, JAIME C SITER ADDRESS CITY-ST-ZIP TITLE STD OBLINE STRET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE	After Ma	lay 1, 2004 Fee will be \$55	50.00 Trust Fund Co	ontribution.	. 🔲 Ād	dded to Fees					
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP STO Delete TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP SIR						ADDITIONS/CHA	INGES TO OFFI			S IN 11	
PUERTA, ELVIRA D 10442 NW 31ST TERRACE CITY-ST-ZIP 10FEB	NAME Street address	SEGOVIA, JAIME C 10442 NW 31ST TERRACE		NAM STRE	ME REET ADDRESS	_		<u>-</u> 			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY	NAME Street Address	PUERTA, ELVIRA D 10442 NW 31ST TERRACE	☐ Delete	NAM STRE	ME REET ADDRESS			(Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	STREET ADDRESS	en e	Delete	· · · · · · · · · · · · · · · · · · ·	NE	-		[Сћапре	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:	NAME Street address		☐ Delete	NAM Stre	ME REET ADDRESS			[Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 may 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:	NAME Street address		☐ Delete	nam Stre	ME REET ADDRESS				Change	☐ Addition	
SIGNATURE: 4.21-04	NAME STREET ADDRESS		Delete.	NAM STRE	ME REET ADORESS	\$: .; .	· [Change `	Addition	
	12. I hereby of indicated of the corchanged	certify that the information supplied value in this report or supplemental reporporation or the receiver or trustee er jugo on an attachment with an address	with this filling does not qualify int is true and accurate and tha impowered to execute this repo ss, with all other like empowers	for the exe at my signa ort as equ ed.	emption stated in Sature shall have the irred by Chapter 6			further certify lath; that I am appears in I	y that the in 1 an officer Block 10 or	nformation or director Block 11 if	
	SIGNAT	TURE:				4					