


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000005537

1. Entity Name
 HEMATITE INVESTMENTS OF FLORIDA, INC.



Principal Place of Business Mailing Address

9000 S.W. 152ND STREET #106 9000 S.W. 152ND STREET #106
 MIAMI, FL 33157 MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



01192004 0 ± f . 1 0 f f 1 0 8 1 1 4 6 2 5 1 +

4. FEI Number Applied For

59-1850982 Not Applicable

5. Certificate of Status Desired \$8.75 5164-112
00010-000

6. Name and Address of Current Registered Agent

BROWN, B M ESQ
 9000 S.W. 152ND STREET #106
 MIAMI, FL 33157

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 6 2 5 >>>
5164-000

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANZ, JOSEPH A
STREET ADDRESS	9000 S.W. 152ND STREET #106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	SANZ, JOAN K
STREET ADDRESS	9000 SW 152 ST #106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/04/04-80086-018 150.00

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: _____ 430-04 305-2788400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #