

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000026489	
1. Entity Name MIAMI FOLIAGE FORWARDERS, INC.	

Principal Place of Business 7792 NW 71ST STREET MEDLEY, FL 33166	Mailing Address 7792 NW 71ST STREET MEDLEY, FL 33166
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0820822	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, STEVEN
16327 MARIPOSE CIRCLE
PEMBROKE PINES, FL 33311**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	GONZALEZ, CRESCENCIO E
STREET ADDRESS	6291 S.W. 16 TERRACE
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	PT
NAME	GONZALEZ, STEVEN
STREET ADDRESS	16327 MARIPOSA CIRCLE,
CITY - ST - ZIP	PEMBROKE PINES, FL 33311
TITLE	V
NAME	GONZALEZ, LAZARA
STREET ADDRESS	16327 MARPOSE CIRCLE
CITY - ST - ZIP	PEMBROKE PINES, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/11/04-80011-003 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: STEVEN GONZALEZ President 2/4/04 (305) 777-7605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone