

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90040 049 ***150.00

DOCUMENT # P98000036011

1. Entity Name
LAS NUBES, INC.



Principal Place of Business

**3072 JACKSON AVE
MIAMI, FL 33133**

Mailing Address

**P.O. BOX 331259
MIAMI, FL 33233**

54019652



2. Principal Place of Business

3172 Jackson Ave

3. Mailing Address

Suite, Apt. #, etc.

02232004 Chg-P CR2E034 (10/03)

City & State

Miami

City & State

4. FEI Number

65-0824362

Applied For

Not Applicable

Zip

FL

Country

33133

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAMIREZ, PATRICIA
3072 JACKSON AVE
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name **Ramirez, Patricia**

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

3172 Jackson Ave

City **Miami**

FL

Zip Code

33133

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

Patricia Ramirez

(NOTE: Registered Agent signature required when requalifying)

03/18/04

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 **P** ☐ Delete
NAME **RAMIREZ, PATRICIA**
STREET ADDRESS **3072 JACKSON AVE**
CITY-ST-ZIP **MIAMI, FL 33133**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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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:

Patricia Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

DATE

Daytime Phone #