

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90011 043 ***158.75

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01132004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0889733** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GARCIA, IRIS
10720 WEST FLAGLER
SUITE 21
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name _____
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 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	VD	☒ Delete
NAME	ORTEGA, MARGARITA	
STREET ADDRESS	6525 W. 24TH AVENUE, SUITE 104	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	VD	☐ Delete
NAME	GARCIA, MICHAEL	
STREET ADDRESS	6525 W. 24TH AVENUE, SUITE 104	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	PD	☐ Delete
NAME	GARCIA, IRIS C.	
STREET ADDRESS	6525 W. 24TH AVENUE, SUITE 104	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V. P.	☒ Change ☐ Addition
NAME	MICHAEL GARCIA	
STREET ADDRESS	10720 W. FLAGLER ST #21	
CITY-ST-ZIP	SWEETWATER, FL 33174	
TITLE	PRES.	☒ Change ☐ Addition
NAME	IRIS C. GARCIA	
STREET ADDRESS	10720 W. FLAGLER ST #21	
CITY-ST-ZIP	SWEETWATER, FL 33174	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: *Irish C. Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-04

Date

305-485-7700

Daytime Phone #