

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90235 038 ***158.75

DOCUMENT # P99000020315

1. Entity Name
ERA GREAT COUNTRY REAL ESTATE SERVICES CORP.



Principal Place of Business
**2850 DOUGLAS RD
4TH FLOOR
CORAL GABLES, FL 33134 US**

Mailing Address
**C/O IVAN A GOMEZ PA
601 BRICKELL KEY DRIVE STE 507
MIAMI, FL 33131 US**

14011013



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0898930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, HECTOR
601 BRICKELL KEY DRIVE
STE 507
MIAMI, FL 33131**

Name
LAG CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive
Suite 507
City **FL** Zip Code **33131**
Miami

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 BY: **IVAN A. GOMEZ, PRESIDENT** **4/22/04**
Signature, typed or printed name of registered agent and date 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HERNANDEZ, HECTOR**
STREET ADDRESS **3258 RIVIERA DR**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **T** ☒ Delete
NAME **DETRINIDAD, EDGARD**
STREET ADDRESS **3585 SW 1ST AVE**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/S/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: **HECTOR HERNANDEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 371-9213

Date Daytime Phone #

HECTOR HERNANDEZ, President