

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90222 042 ***150.00

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1. Entity Name

TOSCANA INVESTMENTS, INC.



Principal Place of Business

P.O. BOX 823256
SOUTH FLORIDA FL 33082-3256

Mailing Address

P.O. BOX 823256
SOUTH FLORIDA FL 33082-3256

94062118



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0928341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUINTANA, LYDIA
15805 SW 11 STREET
PEMBROKE PINES FL 33027**

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **QUINTANA, ANTONIO**
STREET ADDRESS **1614 SW 158 TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
NAME **QUINTANA, MARIA**
STREET ADDRESS **820 CYPRESS POINT DRIVE EAST**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
NAME **QUINTANA, LYDIA**
STREET ADDRESS **820 CYPRESS POINT DRIVE EAST**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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 ☐ Change ☒ Addition
NAME **Quintana Estrella**
STREET ADDRESS **1614 SW 158 TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☒ Change ☐ Addition
NAME **Quintana Lydia**
STREET ADDRESS **1445 SW 158 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04 (954)433-4177

Date

Daytime Phone #