

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

05-04-2004 90143 045 ***150.00

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1. Entity Name
ALQUIMIA TRADING CORPORATION



Principal Place of Business
**169 EAST FLAGLER STREET
SUITE 1527
MIAMI, FL 33131**

Mailing Address
**169 EAST FLAGLER STREET
SUITE 1527
MIAMI, FL 33131**

66430288



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1074060

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, DISNEY
169 EAST FLAGLER STREET
SUITE 1527
MIAMI, FL 33131**

**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 **D**
NAME **DOMINGUEZ, MAXIMO A**
STREET ADDRESS **169 EAST FLAGLER STREET SUITE 1527**
CITY- ST- ZIP **MIAMI, FL 33131**

TITLE **Dominguez, Maximo A.**
NAME **7005 North Waterway Dr. S-304**
STREET ADDRESS **Miami, FL. 33155**
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(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

06/07/04

(305) 261-6338

Date

Daytime Phone #