

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000042888

1. Entity Name

INVERSIONES ROA SOLANO USA, INC.



Principal Place of Business

104 CRANDON BLVD., SUITE 302
KEY BISCAVNE, FL 33149

Mailing Address

104 CRANDON BLVD., SUITE 302
KEY BISCAVNE, FL 33149



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0919970

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROA, ANIBAL
104 CRANDON BLVD., SUITE 302
KEY BISCAVNE, FL 33149

**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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/04

**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
NAME VILLAMIL, ANIBAL R
STREET ADDRESS 789 CRANDON BVD
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE VP
NAME SOLANO DE ROA, CLARA I
STREET ADDRESS 789 CRANDON BVD
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE D
NAME ROA SOLANO, ANIBAL
STREET ADDRESS 104 CRANDON BLVD.
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE D
NAME ROA SOLANO, ANDRES F
STREET ADDRESS 104 CRANDON BLVD.
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE D
NAME ROA SOLANO, JUAN D
STREET ADDRESS 104 CRANDON BLVD.
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000101406
04/02/04-80012-006 150.00

**DO NOT WRITE
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 from all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/29/04

Daytime Phone #