

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000057366

1. Entity Name
CULTURESENSE INTERNATIONAL, INC.



Principal Place of Business
**5155 MEDORAS AVENUE
ST AUGUSTINE, FL 32080 US**

Mailing Address
**5155 MEDORAS AVENUE
ST AUGUSTINE, FL 32080 US**

DO NOT WRITE IN THIS SPACE

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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0941132** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HERRERA, SUSAN W
5155 MEDORAS AVENUE
ST AUGUSTINE, FL 32080**

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**000000104958
04/07/04-80005-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HERRERA, SUSAN W**
STREET ADDRESS **5155 MEDORAS AVE**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE **CEO**
NAME **HERRERA, JORGE M**
STREET ADDRESS **5155 MEDORAS AVENUE**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE
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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:

Susan W. Herrera **4/3/04**

904-460-9597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone