

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

07-23-2004 90006 008 ***150.00

66432511



07152004 Chg-P CR2E034 (10/03)

4. FEI Number **APPLIED FOR 65-0934818** ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **ROMAELE, LINDA**
STREET ADDRESS **7595 SOUTHWEST 28TH STREET ROAD**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda Romaele

7/20/04

305 450-8400

8/8/04

305 450-8400

Atchman
UNLIMITED FINANCIAL SERVICES & INVESTMENTS, INC.
7595 SW 28 STREET ROAD
MIAMI, FL. 33155
305 450 8400 *66432511*

July 7, 2004

Division of Corporations
P.O. Box 6198
Tallahassee, Fl. 32314-6198

Re: Annual Report, FEI# 65 -0934818, Document# P99000063802

Dear Sir/Madam:

Please be advised that we did not receive notice for filing of the Annual Report. In the past, we have promptly sent in payment. We just received notice today and we are sending payment in immediately.

We would appreciate your consideration towards this matter. Enclosed you will find payment of \$ 150.00. We apologize for any inconvenience this may have caused.

Please feel free to call me if you have any questions.

Sincerely,

Linda Romaele
Linda Romaele
President