

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90318 026 ***150.00

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DOCUMENT # P99000071247			
1. Entity Name ON PROPERTIES, INC.			
Principal Place of Business POST OFFICE BOX 521166 MIAMI, FL 33152-1166		Mailing Address POST OFFICE BOX 521166 MIAMI, FL 33152-1166	
2. Principal Place of Business 10941 SW 160 Street Suite, Apt. #, etc. n/a		3. Mailing Address 10941 SW 160 Street Suite, Apt. #, etc. n/a	
City & State Miami/Florida		City & State Miami/Florida	
Zip 33157 Country USA		Zip 33157 Country USA	
4. FEI Number 65-0945278		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CRUZ, ORESTES 10941 SW 160 STREET MIAMI, FL 33157		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): City: SAME 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: CRUZ, ORESTES STREET ADDRESS: 9962 S.W. 88TH STREET, APT. #7-K CITY-ST-ZIP: MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE: Vice-President NAME: Orestes Cruz (JR) STREET ADDRESS: 10941 SW 160 ST CITY-ST-ZIP: Miami FL-33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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		04/26/04 (305) 502-8204 Date Daytime Phone #	