

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90255 040 ***150.00

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1. Entity Name
TEXCOL, INC.



Principal Place of Business
1339 WEST 49 PLACE
516
HIALEAH, FL 33012

Mailing Address
1339 WEST 49 PLACE
516
HIALEAH, FL 33012

94075711



2. Principal Place of Business
2458 WEST 60 STREET.

Suite, Apt. #, etc.

3. Mailing Address
2458 WEST 60 STREET

Suite, Apt. #, etc.

04272004

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City & State
HIALEAH, FL

Zip
33016

Country
DADE

City & State
HIALEAH, FL

Zip
33016

Country
DADE

4. FEI Number
65-0964818

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75

6. Name and Address of Current Registered Agent

HENAO, JAIME A
1339 WEST 49 PLACE
516
HIALEAH, FL 33012

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

04/28/2004

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HENAO, JAIME A
STREET ADDRESS 1339 WEST 49 PLACE
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Delete

TITLE VD
NAME ANDRADO, MARIO
STREET ADDRESS 2458 W. 60TH STREET
CITY-ST-ZIP HIALEAH, FL 33016 ☐ Delete

TITLE SD
NAME FRANCO, CARLOS
STREET ADDRESS 2458 W. 60TH STREET
CITY-ST-ZIP HIALEAH, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME QUINTERO, SERGIO
STREET ADDRESS 518 W 68 STREET. N. 3.
CITY-ST-ZIP HIALEAH, FL 33014 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

04/28/2004

Date

Daytime Phone #