

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

09-09-2004 90001 003 ***600.00
P99000106375

DOCUMENT # P99000106375			
1. Entity Name FLAMINGO B.H.S. REALTY, INC.			
Principal Place of Business 8941 PEMBROKE ROAD PEMBROKE PINES FL 33015		Mailing Address 8941 PEMBROKE ROAD PEMBROKE PINES FL 33015	
2. Principal Place of Business 6555 N.W. 36th ST. Suite, Apt. #, etc. 318 City & State MIAMI - FLORIDA Zip 33166 Country USA		3. Mailing Address 385 Alexandra circle Suite, Apt. #, etc. # City & State WESTON - FLORIDA Zip 33326 Country USA	
6. Name and Address of Current Registered Agent GONZALEZ, ARLEN 385 ALEXANDRA CIRCLE WESTON-FT. LAUDERDALE FL 33326		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 <u>Arleen A. Gonzalez</u> DATE <u>7/30/04</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to: Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GONZALEZ, ARLEN 8941 PEMBROKE ROAD PEMBROKE PINES FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARRAZCAETA, JOSE R 8941 OENBROKE RD. PEMBROKE PINES FL 33015 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: <u>Arleen A. Gonzalez</u> 9N. 389. 1788 Date <u>7/30/04</u> Daytime Phone # <u>954-822-7907</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

04 SEP 17 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54071948



MOORE CR2E034 (4/04) 01-04
4. FEI Number 65-0968569 Applied For Not Applicable

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

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 Arleen A. Gonzalez DATE 7/30/04
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to: Florida Department of State
S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GONZALEZ, ARLEN 8941 PEMBROKE ROAD PEMBROKE PINES FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARRAZCAETA, JOSE R 8941 OENBROKE RD. PEMBROKE PINES FL 33015 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Arleen A. Gonzalez 9N. 389. 1788
Date 7/30/04 Daytime Phone # 954-822-7907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
54071948
P99000106715

July 30th 2004 Flamingo B.H.S. Realty

TO: Division of Corporations
Annual Report Section
P.O. Box 6850, Tallahassee, FL 32314

From: Flamingo B.H.S. Realty / Arlene A. Gonzalez
385 Alexandra Circle - West - FL 33326

Re: Corporation Annual Report / Re-activation

TO Whom It may Concern:

This is to inform
the reason the corporations did not file previous
annual reports because did not receive prior notices
here I'm enclosing the amount I was told when I
called over the phone (\$600.00). Thanks for your help
on this matter.

Sincerely: Arlene A. Gonzalez

6555 N.W. 36th ST. #318, MIAMI, FL 33166
3941 Pembroke Road • Pembroke Pines, FL 33025
(954) 441-7747 • Fax (954) 441-7760 • E-mail: flamingobhsrealty@netzero.net
954-822-7907 / Arlene Gonzalez 3 @ Hotmail.com