

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90640 043 ***150.00

DOCUMENT # S08794

1. Entity Name
MIAMI CONFIDENTIAL INVESTIGATIONS, INC.



Principal Place of Business
1401 PONCE DE LEON BLVD.
302
CORAL GABLES, FL 33134 US

Mailing Address
1401 PONCE DE LEON BLVD.
302
CORAL GABLES, FL 33134 US

17001000



2. Principal Place of Business
7925 NW 12 ST.

3. Mailing Address
296 ATLANTIC ISLE

Suite, Apt. #, etc.
130

Suite, Apt. #, etc.

04022004 Chg-P CR2E034 (10/03)

City & State
MIAMI

City & State
BUNNY ISLES BEACH

4. FEI Number
65-0241373

Applied For
☒ Not Applicable

Zip
33126

Country
US

Zip
33160

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALDOMERO, ROLANDO I.
1401 PONCE DE LEON BLVD.
STE 302
CORAL GABLES, FL 33134
7925 NW 12 ST
STE 130
MIAMI, FL 33126

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

Rolando I. Baldomero **ROLANDO I. BALDOMERO** **DPSM**

4/9/04

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
DPSM ☐ Delete
NAME
BALDOMERO, ROLANDO I.
STREET ADDRESS
1401 PONCE DE LEON BLVD. STE 302
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
DV ☐ Delete
NAME
BALDOMERO, AURORA
STREET ADDRESS
1401 PONCE DE LEON BLVD. 302
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
D ☒ Delete
NAME
DIAZ, PABLO
STREET ADDRESS
1401 PONCE DE LEON BLVD. #302
CITY-ST-ZIP
MIAMI, FL 33134

TITLE
--- ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
--- ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
--- ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DPSM ☒ Change ☐ Addition
NAME
BALDOMERO, ROLANDO I.
STREET ADDRESS
7925 NW 12 ST, STE. 130
CITY-ST-ZIP
MIAMI, FL 33126

TITLE
DV ☒ Change ☐ Addition
NAME
BALDOMERO, AURORA
STREET ADDRESS
296 ATLANTIC ISLE
CITY-ST-ZIP
BUNNY ISLES BCH. FL 33160

TITLE
--- ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
--- ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
--- ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
--- ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Rolando I. Baldomero

Rolando I. BALDOMERO **04/02/04** **305**
796-2176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #