

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90049 028 ***150.00

DOCUMENT # S15954

1. Entity Name

DADE COUNTY COURIER, INC.



Principal Place of Business

14125 SW 45 TERR
MIAMI FL 33175

Mailing Address

14125 SW 45 TERR
MIAMI FL 33175

2. Principal Place of Business

8249 NW 36 St.

3. Mailing Address

8249 NW 36 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 121

Suite # 121

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33166

USA

33166

USA

6. Name and Address of Current Registered Agent

RODRIGUEZ, ELENA N.
14125 SW 45 TERR
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name: Rodriguez, Elena N.

Street Address (P.O. Box Number is Not Acceptable)
8249 NW 36 St., #121

City: Miami

FL

Zip Code: 33166

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

Elena N. Rodriguez

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: RODRIGUEZ, ELENA N.
STREET ADDRESS: 14125 SW 45 TERRACE
CITY-ST-ZIP: MIAMI FL 33175 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Elena N. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/04

Daytime Phone #

(305) 559-5613