


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90073 035 ***150.00

DOCUMENT # S33004			
1. Entity Name FIESTA BOOK COMPANY			
Principal Place of Business 591 SW 8TH ST MIAMI, FL 33130 US		Mailing Address PO BOX 490641 KEY BISCAYNE, FL 33149 US	
2. Principal Place of Business 6995 N.W. 82nd. AVE		3. Mailing Address	
Suite, Apt. #, etc. # 40		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33166	Country USA	Zip	Country
6. Name and Address of Current Registered Agent RAMIREZ, MANUEL J. 1200 BRICKELL AVE SUITE 1440 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, RENE 784 RIDGEWOOD RD KEY BISCAYNE, FL <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	D NAVARRO, MARIA VICTORIA 784 RIDGEWOOD RD KEY BISCAYNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>1</u> <u>RENE NAVARRO</u>		Date: <u>4/11/04</u> Daytime Phone #: <u>305 500 9395</u>	



04112004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0247470** Applied For ☐ Not Applicable ☐

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