

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S40235

1. Entity Name

ARQUIMIDES J. LOSADA, INC.



FILED

2007 DEC -7 AM 9:36

Principal Place of Business
1435 WEST 49TH PLACE
SUITE 206
HIALEAH FL 33012

Mailing Address
1435 WEST 49TH PLACE
SUITE 206
HIALEAH FL 33012



2. Principal Place of Business - No P.O. Box #

8441 Dundee Terrace

Suite, Apt. #, etc.

3. Mailing Address

8441 Dundee Terrace

Suite, Apt. #, etc.

REINSTATEMENT NOT
2nd MOORE CR2E034 (4/07)

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

65-0257469

Applied For

Not Applicable

Zip

33006

Country

USA

Zip

33016

Country

USA

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

LOSADA, ARQUIMIDES J
1435 WEST 49TH PLACE
SUITE 206
HIALEAH FL 33012

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

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

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

TITLE ☐ Delete
NAME LOSADA, ARQUIMIDES J
STREET ADDRESS 1435 W. 49TH PLACE, #206
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Delete
NAME ARQUIMIDES J. LOSADA
STREET ADDRESS 8441 DUNDUE TERRACE
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS 100112597431
CITY-ST-ZIP 11/27/07--01016--006 **700.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100112597431
CITY-ST-ZIP 12/18/07--01024--005 **58.75

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 exemptions contained in Chapter 119, 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

DATE

DEC

Daytime Phone #