

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S73788

1. Entity Name
HOIST, INC.



FILED

04 MAR 12 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business
52 EAST 50TH PLACE
HIALEAH FL 33013-1445

Mailing Address
52 EAST 50TH PLACE
HIALEAH FL 33013-1445

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number
59-2746534

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ESTEVEZ, CIRA
52 E. 50TH PLACE
HIALEAH FL

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 *Cira Estevez* CIRA ESTEVEZ

SIGNATURE *Tatiana Estevez* TATIANA ESTEVEZ

DATE 2/4/04

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 ESTEVEZ, CIRA
STREET ADDRESS 52 E. 50TH PLACE
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE SD
NAME ESTEVEZ, TATIANA L.
STREET ADDRESS 52 E. 50TH PLACE
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
U00000039607
02/09/04-80013-011 158.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200030373042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
03/12/04--01034--002 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 95-04

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
T. Lewis 3/17/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Cira Estevez* CIRA ESTEVEZ

SIGNATURE *Tatiana Estevez* TATIANA ESTEVEZ
Date 2/4/04 Daytime Phone # 305-825-5016