

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S75182

1. Entity Name

FOUR SEASONS FOILAGE, INC.



Principal Place of Business

1100 CORAL WAY
CORAL GABLES, FL 33134

Mailing Address

1100 CORAL WAY
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

FILED
Apr 19, 2004 08:00 AM
Secretary of State



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0284455

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTUONDO, SYLVIA
1100 CORAL WAY
CORAL GABLES, FL 33134

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IN THIS SPACE**

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 \$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

000000118159

04/19/04-80049-011 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME PORTUONDO, SYLVIA
STREET ADDRESS 1100 CORAL WAY
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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:

Sylvia M. Portuondo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

(205) 444-9075

Date

Daytime Phone #