

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

04 AUG 12 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05182004 Chg-P CR2E034 (10/03)

DOCUMENT # V36667			
1. Entity Name CESAR & SONS Inc.			
Principal Place of Business 104 SE 1st STREET MIAMI FL 33132		Mailing Address Same	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0337818		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Antonio Cesar P de Miranda 1581 Brickell Ave # 1502 Miami FL 33129		7. Name and Address of New Registered Agent Name DE MIRANDA, ANTONIO CESAR Street Address (P.O. Box Number is Not Acceptable) 3000 SOUTHWEST 3rd AVENUE City MIAMI FL Zip Code 33129	
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 <i>Antonio Cesar P de Miranda</i> ANTONIO CESAR DE MIRANDA <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Antonio Cesar P de Miranda 1581 Brickell Ave # 1502 Miami FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE MIRANDA, ANTONIO CESAR 3000 SOUTHWEST 3rd AVENUE MIAMI FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Antonio Cesar P de Miranda</i>		ANTONIO CESAR DE MIRANDA 8/6/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	