2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# 398908

Entity Name: ARRIBAS BROTHERS COMPANY INC

Current Principal Place of Business:

W.D.W. ADMIN AREA,LAKE BUENA VISTA 32830
P.O. BOX 809
WINDERMERE, FL 34786

New Principal Place of Business:

ARRIBAS BROTHERS/WDW ADMIN AREA
1500 LIVE OAK LANE
LAKE BUENA VISTA, FL 32830

Current Mailing Address:

W.D.W. ADMIN AREA,LAKE BUENA VISTA 32830
P.O. BOX 809
WINDERMERE, FL 34786

New Mailing Address:

ARRIBAS BROTHERS CO. INC.
P.O. BOX 809
WINDERMERE, FL 34786

FEI Number: 59-1407214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARRIBAS, ALFONSO
10477 DOWN CIRCLE
WINDERMERE, FL 34786

Name and Address of New Registered Agent:

ARRIBAS, ALFONSO
10809 BAYSHORE DRIVE
WINDERMERE, FL 34786

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.

SIGNATURE: _____ 01/06/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARRIBAS, ALFONSO,
Address: 10809 BAYSHORE DRIVE
City-St-Zip: WINDERMERE, FL

Title: VD ( ) Delete
Name: ARRIBAS, RUDY
Address: 670 EAST LAKE SUE AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: STD ( ) Delete
Name: ARRIBAS-SMITH, NATIL
Address: 3429 BAY MEADOW CT.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: ARRIBAS-SMITH, MATIL
Address: 3429 BAY MEADOW CT.
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONSO ARRIBAS PD 01/06/2004
Electronic Signature of Signing Officer or Director — Date