

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002565

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: QUITARAXA S.A.

**Current Principal Place of Business:**

% 2699 S. BAYSHORE DR., 7TH FL.  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

7020 SW 109 TERR  
MIAMI, FL 33156 US

**New Mailing Address:**

7020 SW 109 TERRACE  
MIAMI, FL 33156 US

FEI Number: 52-2039240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPCO, INC.  
2699 S. BAYSHORE DR., 7TH FL.  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: THOMAS, NORMAN V  
Address: % 7020 SW 109 TERR.  
City-St-Zip: MIAMI, FL 33156

Title: DS ( ) Delete  
Name: THOMAS, ANNEMARIE  
Address: % 7020 SW 109 TERR.  
City-St-Zip: MIAMI, FL 33156

Title: DT ( ) Delete  
Name: THOMAS, ANAMARIA  
Address: % 7020 SW 109 TERR.  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: NORMAN THOMAS

P

01/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date