


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G16231**

1. Entity Name  
 OTICENTRO, INC.



Principal Place of Business  
 1470 N.W. 107TH AVE., SUITE "M"  
 MIAMI, FL 33172

Mailing Address  
 12052 S.W. 10TH TERRACE  
 MIAMI, FL 33184

**DO NOT WRITE IN THIS SPACE**



05112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2262526	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ-RANGEL, DOMINGO A  
 1470 N.W. 107TH AVE., SUITE "M"  
 MIAMI, FL 33172

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ-RANGEL, DOMINGO A 1470 N.W. 107TH AVE., SUITE "M" MIAMI, FL 33189
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 05/13/04-80005-002 163.75

**DO NOT WRITE IN THIS SPACE**

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** *Domingo Perez* **DATE** *May 07-2004 (305) 599-1528*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #