


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90121 040 \*\*\*150.00

<b>DOCUMENT # P0000015060</b>			
1. Entity Name <b>BISTEL CORP.</b>			
Principal Place of Business <b>3530 MYSTIC POINTE DRIVE STE. 1410 AVENTURA, FL 33180</b>		Mailing Address <b>3530 MYSTIC POINTE DRIVE STE. 1410 AVENTURA, FL 33180</b>	
2. Principal Place of Business <b>20533 BISCAYNE BLVD</b>		3. Mailing Address <b>20533 BISCAYNE BLVD.</b>	
Suite, Apt. #, etc. <b>#1320</b>		Suite, Apt. #, etc. <b>#1320</b>	
City & State <b>AVENTURA, FL</b>		City & State <b>AVENTURA, FL</b>	
Zip	Country	Zip	Country
		<b>33180</b>	<b>USA</b>
4. FEI Number <b>65-0987842</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>04292004</b> Chg-P		<b>CR2E034 (10/03)</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>CHAVEZ, PEDRO H 3530 MYSTIC POINTE DRIVE STE. 1410 AVENTURA, FL 33180</b>		Name <b>GREGORIO MARTINEZ</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>4920 NW AVE, #109</b>	
		City <b>MIAMI</b> <b>FL</b> Zip Code <b>33180</b>	
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>[Signature]</i>		<b>GREGORIO MARTINEZ</b> <b>4-29-04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTDP CHAVEZ, PEDRO H 3530 MYSTIC POINTE DRIVE, STE. 1410 AVENTURA, FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTDP CHAVEZ, PEDRO H 20533 BISCAYNE BLVD #1320 AVENTURA, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MARTINEZ, GREGORIO 3530 MYSTIC POINTE DRIVE, STE. 1410 AVENTURA, FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MARTINEZ, GREGORIO 4920 NW 79 AVE #109 MIAMI, FL 33180</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BELTRAN, MAURICIO 5609 N.W. 113TH COURT MIAMI, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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>[Signature]</i> <b>PEDRO CHAVEZ</b>		Date: <b>4/29/04</b> (305) 933-4529	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	