
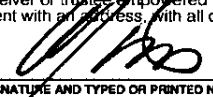


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90031 035 \*\*\*158.75

<b>DOCUMENT # P00000110760</b>			
1. Entity Name <b>BANIF FINANCIAL SERVICES, INC.</b>			
Principal Place of Business <b>1001 BRICKELL BAY DRIVE SUITE 1712 MIAMI, FL 33131</b>		Mailing Address <b>1001 BRICKELL BAY DRIVE SUITE 1712 MIAMI, FL 33131</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVENUE 28TH FLOOR MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST CORTES, ALVARO <input type="checkbox"/> Delete 1001 BRICKELL BAY DR SUITE 1712 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORTES, ALVARO Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUARTE DE ALMEIDA, CARLOS D <input type="checkbox"/> Delete 1001 BRICKELL BAY DR SUITE 1712 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DIAS, GONCALO C 1001 BRICKELL BAY DR SUITE 1712 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SERGIO CAPELA 1001 Brickell Bay Dr, Miami 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FINNOCHIARO, ALFONSO G 1001 BRICKELL BAY DR SUITE 1712 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FERNANDES, ARTUR 1001 Brickell Bay Dr, Miami 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete DEL PRIORE, HUGO B 1001 BRICKELL BAY DR SUITE 1712 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RODRIGUES, JULIO 1001 Brickell Bay Dr, Miami 33131
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:  <b>ALVARO CORTES</b>		Date: <b>2/2/04</b> Daytime Phone #: <b>(305) 377-2188</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	