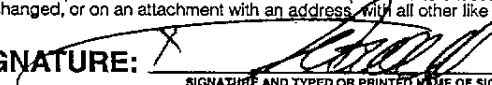


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000097407 1. Entity Name ITURRALDE INVESTMENTS, INC.				
Principal Place of Business 5210 SW 69 AVE MIAMI, FL 33155		Mailing Address 5210 SW 69 AVE MIAMI, FL 33155		
DO NOT WRITE IN THIS SPACE				
				 01162004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-1147532		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ITURRALDE, LEONEL A 5210 SW 69 AVE MIAMI, FL 33155		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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000009722 01/22/04-20002-011 150.00		
TITLE	D			
NAME	ITURRALDE, LEONEL A			
STREET ADDRESS	5210 SW 69 AVE			
CITY-ST-ZIP	MIAMI, FL 33155			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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: 		LEONEL A. ITURRALDE, DIR. 1/20/04 (305) 254-2544		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		