


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000036861

1. Entity Name
ALTESSE, INC.



Principal Place of Business Mailing Address

10750 NW 66 STREET APT 307 10750 NW 66 STREET APT 307
 MIAMI, FL 33178 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

REGISTRATION FOR CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT

03192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
04-3638343 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IBARRA RIVERA, VIRGINIA DIANE
 10750 NW 66 STREET APT 307
 MIAMI, FL 33178

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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

U00000125979
 04/23/04-80015-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	IBARRA RIVERA, VIRGINIA DIANE
STREET ADDRESS	10750 NW 66 STREET APT 307
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	IBARRA RIVERA, CHRISTIAN
STREET ADDRESS	10750 NW 66 STREET APT 307
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Virginia Rivera* **V. IBARRA-RIVERA** Apr 21/04 305-468-8468

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