


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90997 031 \*\*\*150.00

**DOCUMENT # P02000111516**

1. Entity Name  
**ALLOTEX CORP.**



Principal Place of Business      Mailing Address

14243 SOUTHWEST 120 COURT      14243 SOUTHWEST 120 COURT  
 MIAMI, FL 33186      MIAMI, FL 33186

2. Principal Place of Business      3. Mailing Address

**8700 S.W. 133 AVE ROAD**      **8700 S.W. 133 AVE RD.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE # 401**      **SUITE # 401**

City & State      City & State

**MIAMI, FL**      **MIAMI, FL**

Zip      Country      Zip      Country

**33183**      **USA**      **33183**      **USA**



04192004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**03-0487060**      Not Applicable

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

6. Name and Address of Current Registered Agent

**VALDES, VIVIANA**  
**855 S.W. 7TH STREET, #2**  
**MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **LEON, SUSANA L.**

Street Address (P.O. Box Number is Not Acceptable)

**855 S.W. 7TH STREET, #2**

City **MIAMI**      State **FL**      Zip Code **33130**

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: *Susana Leon* (**SUSANA L. LEON**)      DATE: 4/22/04

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**  
**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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	VALDES, JUANA	
STREET ADDRESS	14243 SOUTHWEST 120 COURT	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, JUANA	
STREET ADDRESS	8700 S.W. 133 AVENUE ROAD	
CITY-ST-ZIP	SUITE #401, MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Juana Valdes* (**JUANA VALDES**)      DATE: 4/22/04

Signature and typed or printed name of signing officer or director      Daytime Phone #

**(305-255-2494)**