


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90030 049 ***150.00

DOCUMENT # P02000118275

1. Entity Name
MIROSLAVA CORPORATION



Principal Place of Business 9050 PINES BLVD. SUITE 450-8 PEMBROKE PINES, FL 33024	Mailing Address 9050 PINES BLVD. SUITE 450-8 PEMBROKE PINES, FL 33024
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1137013	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, DON ESQ.
9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES, FL 33024**

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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 _____

**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 P	SAPUNAR DE PONCE, ANA MARIA
NAME	CASILLA 2894
STREET ADDRESS	LA PAZ-BOLIVIA,
CITY-ST-ZIP	
TITLE VD	PONCE, CLAUDIA
NAME	P.O. BOX 1170
STREET ADDRESS	BABSON PARK, FL 33827
CITY-ST-ZIP	
TITLE SD	PONCE, PABLO
NAME	P.O. BOX 30739
STREET ADDRESS	NEW BRINSWICK, NJ 08901
CITY-ST-ZIP	
TITLE TD	PONCE, RAMIRO
NAME	CASILLA 2894
STREET ADDRESS	LA PAZ-BOLIVIA,
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: *by / Ana Maria Sapunar de Ponce*

3-22-04

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