


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90500 001 \*\*\*450.00

**DOCUMENT # P02000119653**

1. Entity Name  
**BORRAS HOLDINGS CORP.**



Principal Place of Business      Mailing Address

1500 SAN REMO AVE.  
~~SUITE 177~~  
 CORAL GABLES, FL 33146

1500 SAN REMO AVE.  
~~SUITE 177~~  
 CORAL GABLES, FL 33146


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.  
**# 103**

Suite, Apt. #, etc.  
**# 103**

City & State      City & State

Zip      Country      Zip      Country



04192004      Chg-P      CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

**BARED, PABLO R ESQ.**  
 1500 SAN REMO AVE.  
~~SUITE 177~~  
 CORAL GABLES, FL 33146

4. FEI Number  
**81-0585732**

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name

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

**Suite 103**

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 \_\_\_\_\_

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	LONDONO, GUILLERMO	1500 SAN REMO AVE. SUITE 177	CORAL GABLES, FL 33146	<input type="checkbox"/>
S	LONDONO, GINA	1500 SAN REMO AVE #177	MIAMI, FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>Suite 103</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>Suite 103</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **G. Londono**      Date: **5/7/04**      Daytime Phone #: **305 666 6010**

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