


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90036 045 \*\*\*150.00

**DOCUMENT # P02000130307**

1. Entity Name  
**MOLINA ART GALLERY INC.**



Principal Place of Business      Mailing Address

**1634 SW 8TH ST  
 MIAMI, FL 33135**      **1634 SW 8TH ST  
 APT. 607W  
 MIAMI, FL 33135**

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

**33135**      **33135**

**MIAMI, FL**      **MIAMI, FL**

4. FEI Number      Applied For

**57-1141460**       Not Applicable

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



02292004      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ALMOZA, NANCY  
 5201 NW 7TH STREET  
 APT. 607W  
 MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name      **Luis Molina**

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

**5201 NW 7th Street 208W**

City      **MIAMI**      FL      Zip Code      **33126**

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]*      **Luis Molina VP**      **3/4/04**

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 |                                    |
|----------------------------|------------------------------------|
| TITLE                      | PD <input type="checkbox"/> Delete |
| NAME                       | <b>ZERQUERA, ROLANDO</b>           |
| STREET ADDRESS             | <b>3301 NE 5TH AVE. APT. 915</b>   |
| CITY-ST-ZIP                | <b>MIAMI, FL 33137</b>             |
| TITLE                      | SD <input type="checkbox"/> Delete |
| NAME                       | <b>ALMOZA, NANCY</b>               |
| STREET ADDRESS             | <b>5201 NW 7TH ST APT 607W</b>     |
| CITY-ST-ZIP                | <b>MIAMI, FL 33126</b>             |
| 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   | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | <b>Luis Molina</b>  |
| STREET ADDRESS  | <b>5201 NW 7th St Apt</b>   |
| CITY-ST-ZIP   | <b>MIAMI, FL 33126</b>  |
| 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: *[Signature]*      **Luis Molina VP**      **3/4/04 (305) 642-0444**

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