

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000015606		
1. Entity Name FESTRA CORP., INC.		

FILED
04 NOV 23 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3801 EAST LAKE STATE DR. DAVIE, FL 33328	Mailing Address 3801 EAST LAKE STATE DR. DAVIE, FL 33328
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2. Principal Place of Business 861 NW 85 TERRACE	3. Mailing Address Same + 2
Suite, Apt. #, etc. 1810	Suite, Apt. #, etc.

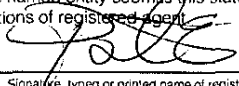
09302004 Chg-P CR2E034 (10/03)

City & State Plantation, FL		City & State	
Zip 33324	Country USA	Zip	Country

4. FEI Number 42-1576488	Applied For Not Applicable
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6. Name and Address of Current Registered Agent DANZER, JACQUELINE 3038 MICHIGAN AVE. KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name PATRICIA ESTRADA Street Address (P.O. Box Number is Not Acceptable) 861 NW 85 TERRACE Apt 1810 City Plantation FL Zip Code 33324
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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:  DATE: 10/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTRADA, PATRICIA 3801 EAST LAKE STATE DR. DAVIE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 861 NW 85 TERRACE Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900042955579 11/23/04--01030--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition PR 11/30
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  DATE: 10/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR