


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/ FILED
 Apr 23, 2004 8:00 am
 Secretary of State

04-09-2004 90032 018 ***150.00

DOCUMENT # P03000028857			
1. Entity Name EXPORTACIONES CORTEZ INC			
Principal Place of Business 8101 CRESPI BLVD 503 MIAMI BEACH, FL 33177 US		Mailing Address 8101 CRESPI BLVD 503 MIAMI BEACH, FL 33177 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARMENATE, JIMMY 626 E 28 ST HIALEAH, FL 33013		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D</i> Carmen Graciela Pinto de Cortes <input type="checkbox"/> Delete 8101 Crespi BLVD #503 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V/D</i> Jose Luis Cortez Hernandez <input type="checkbox"/> Delete 8101 Crespi BLVD #503 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S.</i> Graciela Josefina Cortez Pinto <input type="checkbox"/> Delete 8101 Crespi BLVD #503 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T.</i> Luis Augusto Cortez Pinto <input type="checkbox"/> Delete 8101 Crespi BLVD #503 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>M.</i> Maria Elena Pinto Gotionerez <input type="checkbox"/> Delete 8101 Crespi BLVD #503 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>C.</i> Angel Alfonso Pinto Gotionerez <input type="checkbox"/> Delete 8101 Crespi BLVD #503 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i>		Date: <i>03/23/2004</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	