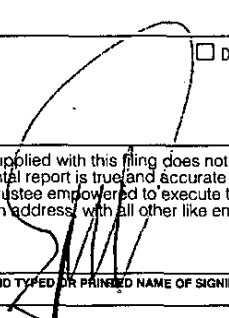


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90063 005 ***158.75

DOCUMENT # P03000056491					
1. Entity Name GRUPO GATUN, INC.					
Principal Place of Business 151 S.E. 15TH ROAD SUITE C-1 MIAMI, FL 33129			Mailing Address 151 S.E. 15TH ROAD SUITE C-1 MIAMI, FL 33129		
2. Principal Place of Business 3333 NW 97 AVE			3. Mailing Address 3333 NW 97 AVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 65-1191587	
Zip 33172		Country DADE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				04162004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LATORRE, JORGE L 151 S.E. 15TH ROAD SUITE C-1 MIAMI, FL 33129			7. Name and Address of New Registered Agent 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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATORRE, JORGE L 151 S.E. 15TH ROAD SUITE C-1 MIAMI, FL 33129 ☐ 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	
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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:  Jorge LATORRE 04/19/04 305-3736666 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

24051246

