## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Jun 30, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P03000075 ORPORATION	144			06-30-2004	i 90001 018 **	*158.75	
Principal Plac	e of Business	Mailing Address			. 🕥	*****		
7400 N.W. 7	TH ST.	7400 N.W. 7TH ST.			5	4059283		
STE. 114		STE. 114			4	and the state of t		
MIAMI, FL 3	\$127	MIAMI, FL 33127			   <b>       </b>			
801			11 Kay B	الله				
Suite, Apt.	<u>ර</u>	Suite, Apt. #, etc.		06112004	Chg-P	CR2E034 (10/03	)	
City & Stat		City & State	FL	4. FEI Numb	454004	<b>⊢</b>	Applied For Not Applicable	
z <sub>p</sub> 331	31 Country USA	<sup>Zip</sup> 33131	Country USA	5. Certificate	of Status Desired	□ \$8.75 A Fee Requi		
	6. Name and Address of Current F	legistered Agent		7. Name and	Address of New Re	gistered Agent		
			Name -					
CHALMETA, JULIO 7400 N.W. 7TH ST.			Street Add	Address (P.O. Box Number is Not Acceptable)				
STE. 114 MIAMI, FL 33127			801	Brickell Key Blud # 2110				
			CityHi	cml	•	FL Zip Co	ຊື່ສເອເ	
B The above								
	named entity submits this statement for	the purpose of changing its	egistered office or	egistered agent, or bo	th, in the State of Flori	ida. I am familiar wit	n, and accept	
	named entity submits this statement for itions of registered agent.	the purpose of changing its	egistered office or re	egistered agent, or bo	th, in the State of Flori	ida. I am familiar wit	n, and accept	
	ions of registered agent. X View Relicies (6)	\(\frac{1}{2}\)	egistered office or re	egistered agent, or bo	th, in the State of Flori	ida. I am familiar wit	n, and accept	
the obligat		\(\frac{1}{2}\)	egistered office or re	egistered agent, or bo	ith, in the State of Flori	ida. I am familiar wit	n, and accept	
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the obligat	signature, typed or printed name of registered agent as LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	od title if applicable. (NOTE: I	Redistered Agent signature on Financing pution.	egistered agent, or book agent, or b	In accordance wi	DATE ith s. 607.193(2)(b ot receive the prio	), F.S., the r notice.	
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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.

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

Attachment

54059283

## MWMS CORPORATION 801 BRICKELL KEY DRIVE #2110 MIAMI, FL 33131

June 11, 2004

Florida Department of State Division of Corporations Tallahassee, Fl 32399

Ref:

MWMS Corporation Doc.# P03000075144

To Whom It May Concern:

We are writing this letter because our Uniform Business Report was never received. We have enclosed a copy of the 2004 report with a check in the amount of \$150.00 due for the 2004 fee. We ask that you please waive the penalty because the report nor a notice was ever received regarding our Corporation and since this is our first year filing, we were not aware of such requirement. We apologize for any inconvenience this may cause you. Your prompt attention will be greatly appreciated.

Thank you,

Juan Pelaez, President