


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90464 023 ***150.00

| | | | | | |
|---|--------------------------------|--|--|---|-----------------------------------|
| DOCUMENT # P03000085592 | | | |  | |
| 1. Entity Name CARVAJAL-SALAZAR ENTERPRISES INC. | | | | | |
| Principal Place of Business 8000 -A N ARMENIA AVENUE TAMPA, FL 33604 | | | Mailing Address 8000 -A N ARMENIA AVENUE TAMPA, FL 33604 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FEI Number 55-0842468 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CARVAJAL CARBAJAL, JUAN CARLOS 8000-A N ARMENIA AVENUE TAMPA, FL 33604 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (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 17 | | |
| TITLE | PCARVAJAL | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GARBAJAL, JUAN CARLOS | | NAME | | |
| STREET ADDRESS | 8000-A N ARMENIA AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33607 | | CITY-ST-ZIP | | |
| TITLE | VP CARVAJAL | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GARBAJAL, FABIOLA | | NAME | | |
| STREET ADDRESS | 8000-A N ARMENIA AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33607 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <i>Juan Carvajal</i> | | Date: <i>4/28/04</i> | | Daytime Phone #: <i>813-935-0765</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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04292004 Chg-P CR2E034 (10/03)