2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/21/

FILED Jun 17, 2004 8:00 am Secretary of State 05-21-2004 90001 039 ***150.00

DOCUM 1. Entity Name SAUCECA	9 .	# P03000126 DRATION	9		05-21-2004 90001 039 ***150.00								
Principal Place		i		PPACOATE									
UNIT 511 MIAMI, FL 33	t		Ü	3500 CORAL WAY Unit 511 Miami, Fl. 33145							•	:	
2. Principal Pl		000	Mailing Address										
				Suite, Apt. #, etc.					OF/OT (TIM STUR WYR) DAII			I II I‡ 1631	
Suite, Apt. #, etc.								05142004	Chg-P	CR2E03	34 (10/03)		
City & State				City & State				4. FEI Number 20 - 03 7 0 9 5 9 Applied For Not Applicable					
Zip	Country			Zip (untry		Certificate of Status Desired					
- 457	6. Name	and Address of Curren	t Regis	tered Agent		Name		7. Name and	Address of New R	egistered A	gent		
CORPORA	×	Street Address (P.O. Box Number is Not Acceptable)											
PALM BEA		,											
		City		FL Zip Code									
8. The above	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.												
SIGNAYTURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent aignature refluired when reinstating) DATE													
FILE NOWII! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Fin Trust Fund Contribution							\$5. Add	00 May Be ad to Fees	In accordance corporation did	with s. 607 .not receive	.193(2)(b), l e the prior n	F.S., the otice.	
10.	٥	OFFICERS AN	D DIRE		11.			ADDITIONS	CHANGES TO OF	ICERS AND	DIRECTORS Change	IN 11	
TITLE NAME	NAME SAUCE, ANTHONY												
STREET ADDRESS CITY-ST-ZIP		EET AOORESS Y-ST-ZIP											
TITLE	D	☐ Delete	ΠΠ			☐ Change ☐ Addition							
STREET ADDRESS	SAUCE, 3500 CO		NAM STR	AE LEET AODRESS	,	·				Ì			
- CITY-ST-ZIP - ~	MIAMI, F	r⊷i = CIT TITI	Y-S1-ZD		☐ Change ☐ Additi								
NAME	SCHOLTZ, LUIS						٠.	وها المناسب والمناسب المناسب ا					
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 3500 CORAL WAY CITY-SI-ZIP MIAMI, FL 33145												
TITLE	4			☐ Deleta	TIT						Charige	Addition	
NAME STREET ADDRESS				•	STF	REET ADDRESS							
TITLE				Deleth	CIT	Y-ST-ZIP					☐ Change	Addition -	
*NAME STREET ADDRESS	الأحاب ا	: 		error Transfer	NA	1 A	منصدوم	-			_	1	
CITY-ST-ZIP						Y-ST-ZIP		- · · · ·					
IITLE NAME	1			☐ Delete	III NA	LE ME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS Y-ST-ZIP						1	
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.													
SIGNAT	rure:			02.					5/3/84	<i>3</i> Q	5.261.1	6251	
[SIGNATURE AND TYPED	R PRINT	ED NAME OF SIGNING OFFICE!	OR DIRE	CTOFI			Date		Daytime Phone #		