


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90454 011 ***158.75

DOCUMENT # P03000139899			
1. Entity Name LOMBARDIA INVESTMENTS INC.			
Principal Place of Business 701 BRICKELL AVENUE SUITE 1480 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVENUE SUITE 1480 MIAMI, FL 33131	
2. Principal Place of Business 141 NE 3rd AVE		3. Mailing Address 141 NE 3rd AVE	
Suite, Apt. #, etc. 1100		Suite, Apt. #, etc. 1100	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33132		Country U.S.	
Country U.S.		Zip 33132	
Country U.S.		Country U.S.	
6. Name and Address of Current Registered Agent TRUJILLO, JUAN JOSE 701 BRICKELL AVENUE SUITE 1480 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name JUAN DIEGO CALLE Street Address (P.O. Box Number is Not Acceptable) 141 NE 3rd AVE SUITE 1100 City MIAMI FL FL Zip Code 33132	
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 <i>Juan D. Calle</i> Juan D. Calle DATE 4/8/04 <small>Signature of registered agent 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.</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	PD CALLE, JENARO 701 BRICKELL AVENUE, SUITE 1480 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLE, JENARO 141 NE 3rd AVE SUITE 1100 MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALLE, ANA MARIA 701 BRICKELL AVENUE, SUITE 1480 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AND. TREASURER CALLE, ANA M. 141 NE 3rd AVE SUITE 1100 MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALLE, ROSA HELENA 701 BRICKELL AVENUE, SUITE 1480 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALLE, ROSA H 141 NE 3rd AVE SUITE 1100 MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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>Jenaro Calle</i>		JENARO CALLE 4/8/04 305.372.0075	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	