## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000083183

MIAMI, FL 33140

City-St-Zip:

**Entity Name: CANDISAR CORPORATION** 

FILED Mar 26, 2004 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
2401 COL MIAMI, FL	LINS AVE., #1411 33140			
Current Mailing Address:		New Mailing Address:		
2401 COL MIAMI, FL	LINS AVE., #1411 33140			
FEI Number	: FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
ROTBART 21845 PO	T, ALEXANDER B T & DEUTSCH, P.A. WERLINE RD., STE. 201 TON, FL 33433 US			
	e named entity submits this statement for the e of Florida.	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered A	gent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () Delete CANDIA SARDI, LUIS ALFREDO 2401 COLLINS AVE., #1411 MIAMI, FL 33140	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete CANDIA SARDI, MILAGRO 2401 COLLINS AVE., #1411 MIAMI, FL 33140	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ) Delete DE CANDIA, EGLE SARDI 2401 COLLINS AVE., #1411 MIAMI, FL 33140	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	T () Delete CANDIA, ALFREDO CANDIA 2401 COLLINS AVE., #1411	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALFREDO CANDIA PRES 03/26/2004