2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109047

Entity Name: 215 BUILDING, CORP.

FILED Feb 02, 2004 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

C/O EDUARDO BOTTE

10295 COLLINS AVE #1027

BAL HARBOUR, FL 33154

C/O EDUARDO BOTTE

10275 COLLINS AVE #830

BAL HARBOUR, FL 33154

Current Mailing Address: New Mailing Address:

C/O EDUARDO BOTTE

10295 COLLINS AVE #1027

BAL HARBOUR, FL 33154

C/O EDUARDO BOTTE

10275 COLLINS AVE #830

BAL HARBOUR, FL 33154

FEI Number: 65-1152727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FELDMAN, DAVID ESQ 407 LINCOLN ROAD SUITE 701 MIAMI BEACH, FL 33139 US

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.

SIGNATURE:

City-St-Zip:

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

BAL HARBOUR, FL 33154

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BAL HARBOUR, FL 33154

 Title:
 DPS
 () Delete
 Title:
 DPS
 (X) Change () Addition

 Name:
 BOTTE, EDUARDO F
 Name:
 BOTTE, EDUARDO F

 Address:
 10295 COLLINS AVENUE #1027
 Address:
 10275 COLLINS AVENUE #830

City-St-Zip: BAL HARBOUR, FL 33154 City-St-Zip: BAL HARBOUR, FL 33154

() Delete Title: DV Title: DV (X) Change () Addition Name: PALEMO, MIGUEL ANGEL Name: PALERMO, MIGUEL ANGEL 10295 COLLINS AVENUE #1027 10275 COLLINS AVENUE #830 Address: Address: BAL HARBOUR, FL 33154 BAL HARBOUR, FL 33154 City-St-Zip: City-St-Zip:

Title: DVT () Delete Title: DVT (X) Change () Addition Name: SEISDEDOS, ENRIQUE Name: SEISDEDOS, ENRIQUE Address: 10295 COLLINS AVENUE #1027 Address: 10275 COLLINS AVENUE #830

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.

SIGNATURE: BOTTE EDUARDO F DPS 02/02/2004