

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043782				8/27/2004-90004-041-\$158.75-\$158.75	
1. Entity Name TERRAFIRME HOLDINGS, INC.					
Principal Place of Business 7921 SW 57TH CT. MIAMI, FL 33143		Mailing Address 7921 SW 57TH CT. MIAMI, FL 33143		<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> FILED 04 SEP 30 PM 2:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08132004 Chg-P CR2E034 (10/03)	
City & State		City & State		FCI Number: 91-0677595	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYORAL, MARIA DEL C. 7921 SW 57TH CT. MIAMI, FL 33143				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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: _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> Maria del Carmen Mayoral 7921 SW 57th Ct. S. Miami FL 33143				
Delete <input type="checkbox"/>					
Delete <input type="checkbox"/>					
Delete <input type="checkbox"/>					
Delete <input type="checkbox"/>					
Delete <input type="checkbox"/>					
Delete <input type="checkbox"/>					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
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>August 10, 2004</i> <i>305-793-0077</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					