

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 214743

1. Entity Name
FLORIDA AND SOUTH AMERICA HOLDINGS, INC.



Principal Place of Business
8033 N.W. 36TH STREET, SUITE 440
MIAMI, FL 33166

Mailing Address
8033 N.W. 36TH STREET, SUITE 440
MIAMI, FL 33166



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0821865

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ISICOFF, ERIC D ESQ.
1101 BRICKELL AVENUE
SUITE 704
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000082587
03/10/04-80001-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	RIBADENEIRA, DIEGO
STREET ADDRESS	8033 NW 36TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	VS
NAME	RIBADENEIRA, DANIELA
STREET ADDRESS	8033 NW 36 ST. STE. 440
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] DIEGO RIBADENEIRA 3/5/04

Date

Daytime Phone #

(305) 597-9044