2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Principal Place of Business 877 SW 92 ST 92 ST 92 SW 92 ST 92 SW 92 ST 92 ST 92 SW 92	DOCUMENT # 390023 1. Entity Name PRIDE PAPERHANGERS, INC.			-			Feb 09, 2004 08:00 AM Secretary of State	
MAMI FL 33165 MIAMI FL 33165 Sulfe, Apr #, etc S	Principal Place	e of Business	Mailing Address	Mailing Address				
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Suite. April 6, etc. Suite. April 6, etc. Suite. April 6, etc. Suite. April 6, etc. Suite. April 6, etc. Suite. April 6, etc. Suite. April 6, etc. A FEI Number 59-1368601 Applicable for Not Applicable for	MIAMIFESS	000	MIANN FL 33163					
City & State Ci	2. Principal P	ace of Business	3. Mailing Address					
Zip Country Zip Country 5. Certificate of Status Dusined D S8.75 Additional Feb Required Feb Required Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Address of	Suite, Apt. #, etc		Surfe, Apt. #, etc.					
SANCHEZ, RAFAEL B 8970 SW 32 ST File Now!! FEI S \$150.00 Make Check Payable to Perform Now Programmed agent and the Lagoricable. Port Registered Agent. Name	City & State				4.	59-1368601 Not Applicable		
SANCHEZ, RAFAEL B 8970 SW 32 ST MIAMI FL 33165 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Trust Fund Contribution. State of State of Profice I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Added to Peers 10. OFFICERS AND DIRECTORS IT. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 11. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 11. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 11. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 12. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 13. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 14. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 15. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 16. OFFICERS AND DIRECTORS IN 11. 17. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 18. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 19. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS IN 11. 10. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 11. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 12. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 13. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 14. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 15. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 16. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 17. ADDITIONS/GRANGES TO OFFICERS AND DIRECTORS IN 11. 18. ADDITIONS/GRANGES TO OFF	Zıp	Country	Country Zip Co		ry		5. Certificate of Status Dasiled Fee Required	
SANCHEZ, RAFAEL B 8970 SW 22 ST MIAMI FL 33165 City FL Zip Code		6. Name and Address of Current	Registered Agent			7.	Name and Address of New Registered Agent	
SIGNATURE City FL Zip Code	SANCHEZ, RAFAEL B							
R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature	897	0 SW 32 ST	Street Addr		ess (P.O.	i. Box Number is Not Acceptable)		
THE BOOVEN 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	MIA	MI FL 33165				-		
SIGNATURE Signature Propose or protest name of registered agent. Part Propose or protest name of registered agent.					City		FL Zip Code	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	the obligations of registered agent.							
Alter May 1, 2004 Fee will be \$550.00 Make Check		Signature, typed or printed name of registered agont	and title if applicable. (NOT	E Registered	d Agent signature re	drued wire	on rollinstating) DATE	
THE NAME SANCHEZ, RAFAEL STREET ADDRESS CITY-ST-ZIP NAME SANCHEZ, GRACIELA STREET ADDRESS CITY-ST-ZIP NAME SANCHEZ, GRACIELA STREET ADDRESS CITY-ST-ZIP NAME S	After May 1, 2004 Fee will be \$550.00						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 flustee employered 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 in address with all other like empowered.

IGNATURE:

| SIGNATURE | SIGNATURE | Day 10.0000 | Day time Phone #

SIGNATURE:

FILED