

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 528289

1. Entity Name
POTOSI, INC.



Principal Place of Business

**200 S BISCAYNE BLVD.
SUITE # 4100
MIAMI, FL 33131**

Mailing Address

**RJUF CORPORATE SERVICES INC.
200 S BISCAYNE BLVD. ATE 4100
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1747270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORP INTERNATIONAL REGISTERED AGENTS INC
C/O STEEL HECTOR & DAVIS LLP
200 SOUTH BISCAYNE BLVD. #4100
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 retitling)

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**

**U00000089693
03/15/04-80103-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	ALVAREZ, RAFAEL Z
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD
NAME	ALVAREZ, RAFAEL
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	STD
NAME	ALVAREZ, SARA
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	ALVAREZ, FEDERICO J
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	ASV
NAME	ESPINOSA, HEBERTO
STREET ADDRESS	3804 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33134
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04

Date

Daytime Phone #