## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 02, 2004 8:00 am Secretary of State **DOCUMENT # 569398** 09-02-2004 90073 015 \*\*\*150.00 1. Entity Name SPANISH ENGRAVING CORP. Principal Place of Business Mailing Address 54071487 1550 SW 1 STREET 1550 SW 1 STREET #19-20 #19-20 MIAMI, FL 33130 MIAMI, FL 33130 US US 3. Mailing Address 2. Principal Place of Business 250 CATALONIA AVENUE 1550 SW 1 STREET Suite, Apt. #, etc. Suite, Apt. #, etc 08172004 CR2E034 (10/03) SUITE 501 SUITE 20 4. FEI Number Applied For City & State City & State CORAL GABLES. MIAMI, FL 59-1841954 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired 33134 US 33130 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESPINOSA-EPPSTEIN ERICK A GUIDO, LAURA Street Address (P.O. Box Number is Not Acceptable) 250 CATALONIA AVENUE, SUITE 1550 SW 1ST #19-20 MIAMI, FL 33130 tity submits this state changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named of ent for the pu the obligations of ERICK A. ESPINOSA-EPPSTEIN (NOTE: Registered Agent signature required when reinstating) 08/17/2004 SIGNATURE ature, lyped or printed nam 9. Election Campaign Financing FILE NOW!!! FEE/IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change 🔼 Addition TITLE Delete TITLE GUIDO, LAURA ĒRICK A. ESPINOSA-EPPSTEIN NAME NAME 1550 SW 1ST #19-20 STREET ADDRESS 250 CATALONIA AVENUE, SUITE 501 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI, FL 33135 CORAL GABLES, FL 33134 TITLE Delete TITLE ..... Change X Addition NAME NAME ADRIAN ESPINOSA 836 SW I STREET, APT, 101 STREET ADDRESS STREET ADDRESS MIAMI, FL 33130 CITY-ST-ZIP CITY-ST-ZIP TITLE ... Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppremental 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 first empowered. 08/17/2004 SIGNATURE: ESPINOSA-EPPSTEIN

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE AND TYPE