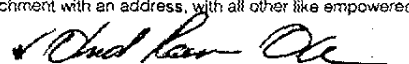


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 594736 1. Entity Name ACUNA TOOLS CORP.			
Principal Place of Business 3100 NW 72 AVE., #103 MIAMI, FL 33122-1335		Mailing Address 3100 NW 72 AVE., #103 MIAMI, FL 33122-1335	
DO NOT WRITE IN THIS SPACE			
		03052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1877662	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACUNA, ANDRES RAMIRO 13361 SW 6TH ST. MIAMI, FL 33184		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 _____ (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	U00000090497 03/17/04-80021-021 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ACUNA, JUDITH 13361 SW 6TH ST. MIAMI, FLORIDA 3,		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ACUNA, ANDRES RAMIRO 13361 SW 6TH ST. MIAMI, FLORIDA 3,		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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 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		ANDRES R. ACUNA PRESIDENT 03/05/04 (305) 592-4438 Date Daytime Phone #	