## 2004 FOR PROFIT CORPORATION

CITY-ST-7IP

changed, or on an attachment

SIGNATURE:

## **FILED** ANNUAL REPORT Feb 02, 2004 08:00 AM-Secretary of State **DOCUMENT # 646319** 1. Entity Name TIERRA REALTY, INC. Principal Place of Business Mailing Address 1615 E. WOODWARD ST. 1615 E. WOODWARD ST. ORLANDO, FL 32803 ORLANDO, FL 32803 01242004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2031887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, RAMON DO NOT WRITE 1615 E. WOODWARD ST. ORLANDO, FL 32803 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 9. Election Campaign Financing \$5.00 May Be U000000031134 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2004 Fee will be \$550.00 Added to Fees 02/04/04-80137-022 150.00 OFFICERS AND DIRECTORS 10. TITLE HERNANDEZ, RAMON S NAME STREET ADDRESS 4948 TELLSON CHY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS City-SI-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAM? STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

NTED NAME OF SIGNING OFFICER OF DIRECTOR

1-30-04