2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 663530 1. Entity Name

VENDES CORP.



FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90125 037 ***150.00

7935 WEST DR #4 MAN BEACH FL 33141-5586 US 2. Principles Place of Business Suita, Apt. 4, etc. Suita, Apt. 4, etc. Suita, Apt. 4, etc. MOORE CR2604 (11/03) Applied For Nor Applied For	Principal Plac	ce of Business	Mailing Address	Mailing Address						
Sules Apt. #. etc.	MIAMI BEACH FL 33141-5586		MIAMI BEACH FL 331	MIAMI BEACH FL 33141-5586			14019600			
Sules Apt. #. etc.	0.00		2 Mailing Address	T. G. Mariera Addition						
Coy & State Coy & State County Zin County Sin County Sin County Sin Sol County Sin Sol County Sin Sol County Sin Sol Sin Sin Sin Sin Sin Sin Sin Si	2. Principal Place of Business		3. Walling Address	5. Mailing Address						
Zip Country Zip Country 5. Certificate of State Desired \$8.75 Additional Fee Required Agent 7. Name and Address of New Registered Agent 7. Name and	Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEVIA, JORGE, JR 1408 BRICKELL BAY DR 804 MIAMI FL 33131 8. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Florage. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florage. I am familiar with, and accept the obligations of registered agent. SIGNATURE S	City & State		City & State	City & State			FEI Number 59-2043040	- 		
HEVIA, JORGE, JR 1408 BRICKELL BAY DR 804 MIAMI FL 33131 City FL Zip Code B. 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. / am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, horse so present very adaptive appeal act the 4 concepts RILE NOW!!! FEE: IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BRITO, LORENZO SIBET ADDRESS STIET ADDRESS STIET ADDRESS STIET ADDRESS STIET ADDRESS STIET ADDRESS CITY-51-2P NORTH BAY VILLAGE FL CITY-51-2P NORTH BAY VILLAGE FL CITY-51-2P TILE MAKE STIET ADDRESS CITY-51-2P TILE MAKE STIET ADDRES	Zip	Country	Zip	Coun	try	5.	Certificate of Status Desired			
HEVIA, JORGE, JR 1408 BRICKELL BAY DR 804 MIAMI FL 33131 City FL Zip Code City FL Zip Code 6. 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		rent Registered Agent			7,	Name and Address of New Registered	Agent			
A STREET ADDRESS (P.C.). BOX NUMBER'S INFO. BOARD STREET ADDRESS (P.C.). BOARD STREET ADDRESS (Name			-		
MIÁMI FL 33131 City FL Zip Code City FL Zip Co	140	8 BRICKELL BAY DR			Street Address (P.O. Box Number is Not Acceptable)					
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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1; 2009 Fee will be \$550.00 Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITEMS. BRITO, LORENZO STRET ADDRESS STRET ADDRESS CITY-ST-2P ITILE VSD NORTH BAY VILLAGE FL ONORTH BAY VILLAGE										
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### Addition ### A	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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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 peport 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 of 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: _S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 (3ar) 757-02 Pg
Davime Phone #