

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

04-20-2004 90035 021 ***150.00

00420755



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2584679

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**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 *Lina M Delgado*

LINA M DELGADO

04/15/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuance)

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**

10. OFFICERS AND DIRECTORS

TITLE SD
NAME RIVERA MUNOZ, FERNANDO
STREET ADDRESS 510 MUNOZ RIVERIA AVENUE
CITY-ST-ZIP HATO REY, PR 00918

TITLE D
NAME RAMOS GONZALEZ, VIRGILIO
STREET ADDRESS 510 MUNOZ RIVERA AVE.
CITY-ST-ZIP HATO REY, PR 00918

TITLE TO
NAME DE GARCIA, MARIA JULIA C
STREET ADDRESS 510 MUNOZ RIVERA AVE.
CITY-ST-ZIP HATO REY, PR 00918

TITLE D
NAME REYES, MARGARITA
STREET ADDRESS 510 MUNOZ RIVERA AVE.
CITY-ST-ZIP HATO REY, PR 00918

TITLE CPD
NAME BENITEZ, CARLOS M., JR.
STREET ADDRESS 510 MUNOZ RIVERA AVE.
CITY-ST-ZIP HATO REY, PR 00918

TITLE D
NAME BENITEZ, VIOLA
STREET ADDRESS 510 MUNOZ RIVERA AVE
CITY-ST-ZIP HATO REY, PR 00918

**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:

Maria Julia de Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 4, 2004 (787)758-0909 Ext. 3547

Date

Daytime Phone