


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000003196**

1. Entity Name  
 HOJA DE CUERO S.A.



Principal Place of Business  
 38430 TIMBERLANE DRIVE  
 UMATILLA FL 32784

Mailing Address  
 38430 TIMBERLANE DRIVE  
 UMATILLA FL 32784

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

6. Name and Address of Current Registered Agent  
 RHODES, ANNA S  
 38430 TIMBERLANE DR.  
 UMATILLA FL 32784

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)

City  
 FL Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD RHODES JR, WILLIAM M 38430 TIMBERLANE DR. UMATILLA FL 32784	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RHODES, ANNA S 38430 TIMBERLANE DR. UMATILLA FL 32784	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODES III, WILLIAM M 38430 TIMBERLANE DR. UMATILLA FL 32784	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODES, ROBERT P 38430 TIMBERLANE DR UMATILLA FL 32784	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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 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: *Anna S Rhodes* 3/10/2004 (952)669-7378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



MOORE CR2E034 (11/03)

4. FEI Number 98-0336245 Applied For Not Applicable

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000087526 03/15/04-80016-002 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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