2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003196

Address:

City-St-Zip:

38430 TIMBERLANE DR

UMATILLA, FL 32784

FILED Apr 18, 2005 Secretary of State

Entity Name: HOJA DE CUERO S.A. **Current Principal Place of Business: New Principal Place of Business:** 38430 TIMBERLANE DRIVE UMATILLA, FL 32784 **Current Mailing Address: New Mailing Address:** 38430 TIMBERLANE DRIVE UMATILLA, FL 32784 FEI Number: 98-0336245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RHODES, ANNA S RHODES, ANNA S D 38430 TIMBERLANE DR. 38430 TIMBERLANE DR. UMATILLA, FL 32784 UMATILLA, FL 32784 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. SIGNATURE: ANNA S RHODES 04/18/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RHODES JR, WILLIAM M Name: Name: 38430 TIMBERLANE DR. Address: Address: City-St-Zip: UMATILLA, FL 32784 City-St-Zip: () Delete Title: STD Title: () Change () Addition Name: RHODES, ANNA S Name: 38430 TIMBERLANE DR. Address: Address: UMATILLA, FL 32784 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition RHODES III, WILLIAM M Name: Name: 38430 TIMBERLANE DR. Address: Address: City-St-Zip: UMATILLA, FL 32784 City-St-Zip: Title: () Delete Title: () Change () Addition RHODES, ROBERT P Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANNA S RHODES D 04/18/2005