


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-06-2004 90007 036 ***150.00
07-14-2004 90010 009 ****61.25

DOCUMENT # F00000005753	
1. Entity Name PROJECT 501 CORP.	

Principal Place of Business 3191 CORAL WAY 104 MIAMI, FL 33145	Mailing Address 3191 CORAL WAY 104 MIAMI, FL 33145
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2. Principal Place of Business 8200 N.W. 52 terr. #	3. Mailing Address 8200 N.W. 52 terr.
Suite, Apt. #, etc. Suite # 100	Suite, Apt. #, etc. #100
City & State Miami FL	City & State Miami FL
Zip 33106	Country USA



07122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1002125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAFFEE, OSWALDO		NAME Rodolfo Silberstein	
STREET ADDRESS 3191 CORAL WAY STE 104		STREET ADDRESS 19955 NE 38 court Apt. 1706	
CITY-ST-ZIP MIAMI, FL 33145		CITY-ST-ZIP Aventura, FL 33180	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAHN, LUIS		NAME	
STREET ADDRESS 3191 CORAL WAY STE 104		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33145		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VINVELA, ARTURO		NAME	
STREET ADDRESS 3191 CORAL WAY STE 104		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33145		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **7/12/2004** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #