

2004 FOR PROFIT CORPORATION ANNUAL REPORT

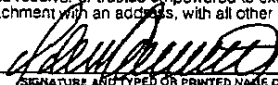
FILED
Apr 02, 2004 8:00 am
Secretary of State

02-16-2004 90028 006 ****62.50
04-02-2004 90059 033 ****87.50

24033010



01022004 Chg-P CR2E034 (10/03)

DOCUMENT # F03000000775					
1. Entity Name OLEOMED AMERICA, INC.					
Principal Place of Business 3075 NW 107TH AVENUE MIAMI, FL 33172			Mailing Address 3075 NW 107TH AVENUE MIAMI, FL 33172		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1038848	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERNANDEZ, ODELIN 3075 NW 107TH AVENUE MIAMI, FL 33172			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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	☐ Delete	TITLE	D/P/CEO	☒ Change ☐ Addition
NAME	DE CESPEDES, CARLOS M		NAME		
STREET ADDRESS	3075 NW 107 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	VCFO	☐ Delete	TITLE	D/EVP/CFO	☒ Change ☐ Addition
NAME	PEREZ, BERTIN J		NAME		
STREET ADDRESS	3075 NW 107 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	VC	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	DE CESPEDES, JORGE L		NAME		
STREET ADDRESS	3075 NW 107 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	VPO	☒ Change ☐ Addition
NAME	TOMAS, MIKE		NAME		
STREET ADDRESS	3075 NW 107 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	VP/S/CO	☒ Change ☐ Addition
NAME	FERNANDEZ, ODELIN		NAME		
STREET ADDRESS	3075 NW 107 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE	VP/CAO/AS	☒ Change ☐ Addition
NAME	GARCIA, LEO		NAME		
STREET ADDRESS	3075 NW 107 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		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: 			1/30/2004 305-592-3324		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		