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Secretary of State

07-06-2004 90114 033 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003413

1. Entity Name
SPANDEX CORP.

44047018

Principal Place of Business	Mailing Address
17145 NORTH BAY ROAD SUITE 4206 SUNNY ISLES, FL 33160	17145 NORTH BAY ROAD SUITE 4206 SUNNY ISLES, FL 33160

2. Principal Place of Business		3. Mailing Address	
9728 BAY HARBOR CIRCLE		9728 BAY HARBOR CIRCLE	
Suite, Apt. #, etc. #201		Suite, Apt. #, etc. #201	
City & State FORT MYERS, FLORIDA		City & State FORT MYERS, FLORIDA	
Zip 33919	Country USA	Zip 33919	Country USA

06242004 Chg-P CR2E034 (10/03)

4. FEI Number 75-2782090 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GERSTEIN, WILLIAM ESQ.
~~700 S. FEDERAL HWY SUITE 200~~
BOCA RATON, FL 33432-6128

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

N/A

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 N/A
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPS CALERO, JUAN CARLOS 16950 NORTH BAY ROAD, APT. 511 SUNNY ISLES BEACH, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPS CALERO, JUAN CARLOS 9728 BAY HARBOR CIRCLE FORT MYERS, FLORIDA 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALERO, GUSTAVO 17145 NORTH BAY ROAD SUNNY ISLES, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALERO, GUSTAVO 9728 BAY HARBOR CIRCLE FORT MYERS, FLORIDA 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] 6/30/04 (954) 326-1695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #