

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G16433

FILED
Apr 29, 2004
Secretary of State

Entity Name: NACARPAFE CORPORATION

Current Principal Place of Business:

5000 S.W. 82ND AVENUE
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

5000 SW 82ND AVE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 59-2244017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, ALEJANDRINA G.
780 N W LEJEUNE RD
SUITE 427
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PARODI, FULBIO
Address: 5000 S.W. 82 AVENUE
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: PARODI, IRIA
Address: 5000 S.W. 82ND AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PARODI, FULBIO
Address: 5000 S.W. 82 AVENUE
City-St-Zip: MIAMI, FL 33155 US

Title: SD (X) Change () Addition
Name: PARODI, IRIA
Address: 5000 S.W. 82ND AVENUE
City-St-Zip: MIAMI, FL 33155 US

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.

SIGNATURE: FULBIO PARODI

PTD

04/29/2004

Electronic Signature of Signing Officer or Director

Date