## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 08:00 AM Secretary of State

| DOCUMENT # G45994*  1. Entity Name  CORPA, INC.  |  |                         |                     |                                    |                   |                               |  | Secretary of State                          |                  |                |                  |                             |  |
|--|--|-------------------------|---------------------|------------------------------------|-------------------|-------------------------------|--|---|------------------|----------------|------------------|-----------------------------|--|
| Principal Place of Business Mailing  |  |                         |                     |                                    |                   |                               |  |   |                  |                |                  |                             |  |
| 561 NE 79th ST<br>211  |  |                         | · ·                 | Mailing Address 561 NE 79th ST 211 |                   |                               |  |   |                  |                |                  |                             |  |
| MIAMI FL 33138   |  |                         |                     | MIAMI FL 33138                     |                   |                               |  |   |                  |                |                  |                             |  |
| 2. Principal Place of Business   |  |                         | 3.                  | 3. Mailing Address                 |                   |                               |  |   |                  |                |                  |                             |  |
| Suite, Apt. #, etc.  |  |                         |                     | Suite, Apt. #, etc.                |                   |                               |  | 01062004                                    | Chg-P            | CR2E           | 034 (10/03)      |                             |  |
| City & State   |  |                         |                     | City & State                       |                   |                               |  | 4. FEI Number 59-242                        | 20954            |                | <del>}}-</del>   | oplied For<br>of Applicable |  |
| Zip Country  |  |                         |                     | Zip                                | Country           |                               | 5. Certificate of Status Desired   \$8.75 Additional |   |                  | ditional       |                  |                             |  |
| 6. Name and Address of Current F   |  |                         |                     | Registered Agent                   |                   |                               |  | 7. Name and Address of New Registered Agent |                  |                |                  |                             |  |
| o rear act real as or our or register a sperit   |  |                         |                     |                                    |                   |                               |  | 11 110110 0110                              |                  | (Oglate) Co    | - Age, it        |                             |  |
| PARDO, ENA<br>561 NE 79TH ST   |  |                         |                     |                                    |                   | Street Ad                     | Street Address (P.O. Box Number is Not Acceptable)   |   |                  |                |                  |                             |  |
| #211   | 4E /31   | 1 31                    |                     |                                    |                   |                               |  |   |                  |                |                  |                             |  |
| MIAMI, FL 33138  |  |                         |                     |                                    |                   |                               | 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 obligati   | ions of regist   | ered agent.             | //                  |                                    | . 11 <sup>-</sup> | 7                             |  |   |                  |                | -                | •                           |  |
| SIGNATURE_   | Signatura typed  | or nunter name of remet | art agent and title | V applicable                       | ONOTE Rec         | istered Emant sinnatu         | harir mar es   |   |                  | DATE           |                  |                             |  |
| Signature, typed or printed name of powerful and title if applicabile. (NOTE Registered Agent signature received when renstating)  DATE  |  |                         |                     |                                    |                   |                               |  |   |                  |                |                  |                             |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees                               |  |                         |                     |                                    |                   |                               |  |   |                  |                |                  |                             |  |
| 10.  |  | OFFICEF                 | S AND DIRE          | CTORS                              |                   | 11.                           |  | ADDITIONS/C                                 | HANGES TO OFF    | ICERS AND      | DIRECTOR         | S IN 11                     |  |
| TITLE  | PD   |                         |                     | <b>⊠</b> Dele                      | ete               | TIFLE                         | PD   |   |                  |                | Change           | Addition                    |  |
| NAME<br>STREET ADDRESS   | ADDRESS YULEE, ROBERTO   |                         |                     |                                    |                   | NAME<br>STREET ADDRESS        |  | ENA ENA                                     |                  |                |                  |                             |  |
| CITY-ST-ZIP  | 561 NE 79TH ST #211  |                         |                     |                                    |                   | CiTY-ST-2IP                   |  | L NE 79TH                                   |                  | Ĺ              |                  |                             |  |
| TITLE  | MEAMI  | FL 33138                | <b></b>             | □ Dek                              | ete               | TITLE                         | — MI.  | MI FL                                       | <del>33138</del> |                | ☐ Change         | ☐ Addition                  |  |
| NAME   |  |                         |                     |                                    |                   | NAME                          |  |   |                  |                |                  |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                         |                     |                                    |                   | STREET ADDRESS<br>CITY-ST-ZIP |  |   |                  |                |                  |                             |  |
| TITLE  |  | <del></del>             |                     | ☐ Defe                             | oto -             | TITLE                         |  |   |                  |                | ☐ Change         | ☐ Addition                  |  |
| NAME   |  |                         |                     | L DEN                              | ere               | NAVE                          |  |   |                  |                | [_] change       | ☐ ∧aamon                    |  |
| STREET ADDRESS   |  |                         |                     |                                    |                   | STREET ADDRESS                |  |   |                  | 0000217        |                  |                             |  |
| CRY-ST-ZIP   |  |                         | ·····               |                                    |                   | City-St-ZIP                   |  |   | 01/13/04         | -8000 <i>;</i> |                  | <del>.31 132 . {</del>      |  |
| TITLE<br>NAME  |  |                         |                     | ☐ Defe                             | ete               | TITLE<br>NAME                 |  |   |                  |                | Change           | Addillon                    |  |
| STREET ADDRESS   |  |                         |                     |                                    |                   | STREET ADDRESS                |  |   |                  |                |                  |                             |  |
| CITY-ST-ZIP  |  |                         |                     |                                    |                   | CITY-ST-ZIP                   |  |   |                  |                |                  |                             |  |
| TITLE  |  |                         |                     | ☐ Deli                             | ete               | TRUE                          |  |   |                  |                | Change           | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS   |  |                         |                     |                                    | l                 | NAME<br>STREET ADDRESS        |  |   |                  |                |                  |                             |  |
| CHY-ST-ZIP   |  |                         |                     |                                    |                   | CITY-ST-ZIP                   |  |   |                  |                |                  |                             |  |
| TITLE  |  |                         |                     | ☐ Dele                             | ete               | TALE                          |  |   | •                |                | ☐ Change         | Addition                    |  |
| NAME   |  |                         |                     |                                    | 1                 | NAME                          |  |   |                  |                |                  |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                         |                     |                                    | 1                 | STREET ADDRESS<br>CITY-ST-ZIP |  |   |                  |                |                  |                             |  |
|  | ertify that the  | information suppl       | ied with this f     | iling does not a                   | ualify for the    |                               | ed in Ser  | tion 119.07(3)(i).                          | Florida Statutes | Turther cer    | tify that the in | nformation                  |  |
| of the con   | 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Turther 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. |                         |                     |                                    |                   |                               |  |   |                  |                |                  |                             |  |