


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # G77046</b>																																		
1. Entity Name <b>FLESANTEX INC.</b>																																		
Principal Place of Business <b>782 NW LEJEUNE RD STE 530 MIAMI, FL 33126</b>	Mailing Address <b>782 NW LEJEUNE RD STE 530 MIAMI, FL 33126</b>	  01072004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number <b>59-2376327</b></td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>59-2376327</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																													
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<b>DO NOT WRITE IN THIS SPACE</b>																																		
6. Name and Address of Current Registered Agent  <b>FLEITAS, ROBERT F., JR. 782 NW LEJEUNE RD STE 530 MIAMI, FL 33126</b>		<b>DO NOT WRITE IN THIS SPACE</b>																																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>																																		
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%; padding: 2px;">TITLE</td><td style="padding: 2px;">PD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">FLEITAS, ROBERTO</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">782 NW LE JUENE RD # 530</td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;">MIAMI, FL 33126</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr></table>			TITLE	PD	NAME	FLEITAS, ROBERTO	STREET ADDRESS	782 NW LE JUENE RD # 530	CITY - ST - ZIP	MIAMI, FL 33126	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.		<b>DO NOT WRITE IN THIS SPACE</b>  <div style="text-align: right; font-family: monospace;">000000003570 01/13/04-80062-014 150.00</div>																																
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-8-03</b> <small>Daytime Phone # _____</small>																																