


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # G87841 1. Entity Name EAGLE BRANDS, INC.	
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Principal Place of Business % CARLOS M. DE LA CRUZ 3201 MILAM DAIRY ROAD MIAMI, FL 33122	Mailing Address % CARLOS M. DE LA CRUZ 3201 MILAM DAIRY ROAD MIAMI, FL 33122
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2385262	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO PA 25 SE 2ND AVE STE 900 MIAMI, FL 33131

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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 _____
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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000055333 02/17/04-80035-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DE LA CRUZ, CARLOS M. 3201 N.W. 72 AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA CRUZ, ROSA R. 5 HARBOR POINT KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE LA CRUZ, CARLOS M. 3201 N.W. 72ND AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC KADRE, MANUEL 3201 NW 72 AVE. MIAMI, FL
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)(f), 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 empowerment.

SIGNATURE:  CARLOS M. DE LA CRUZ 2/4/2004 599-2337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #