


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G87858</b> 1. Entity Name <b>CARRILLO INVESTMENT CORP.</b>	
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Principal Place of Business <b>782 NW 42 AVE #428-A MIAMI, FL 33126 US</b>	Mailing Address <b>782 NW 42 AVE #428-A MIAMI, FL 33126 US</b>
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2380264</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**CARRILLO, PEDRO L  
520 PINECREST DR  
MIAMI SPRINGS, FL 33166**

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<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 May Be Added to Fees</b>	1100000122928 04/21/04-80050-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARRILLO, PEDRO A. 520 PINE CREST DR MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARRILLO, MARIA A. 973 HUNTING LODGE DR MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARRILLO, MIRIAN E 231 LENAPE DR. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARRILLO, PEDRO L. 520 PINECREST DR MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 IRE empowered.

**SIGNATURE:**  **4-19-04 305-447-1441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #