

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90021 003 ***158.75

94052148



04122004 Chg-P CR2E034 (10/03)

4. FEI Number **58-1758351** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TAMAYO, JAIME EXC VP
6101 BLUE LAGOON DR., #200
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **HUERTAS, ANTONIO**
STREET ADDRESS **CONDO. CONDADO PRINCESS #301**
CITY-ST-ZIP **SAN JUAN, PR**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DEV** ☐ Delete
NAME **TAMAYO, JAIME**
STREET ADDRESS **310 REDWOOD LANE**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **DEV** ☒ Change ☐ Addition
NAME **TAMAYO, JAIME**
STREET ADDRESS **6101 BLUE LAGOON DR, SUITE 200**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **T** ☐ Delete
NAME **PAGAN, JOSE V**
STREET ADDRESS **EDF. MAPFRE, AVE CHARDON #7**
CITY-ST-ZIP **HATO REY, PR 00918**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☐ Delete
NAME **FERNANDEZ-SILVA, JORGE**
STREET ADDRESS **8041 SW 54TH CT**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☒ Change ☐ Addition
NAME **FERNANDEZ-SILVA, JORGE**
STREET ADDRESS **8041 SW 54TH CT**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☐ Delete
NAME **DE ZARRAGA, GASTON S**
STREET ADDRESS **8202 LOS PINOS CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DEV** ☒ Delete
NAME **NAVARRO, JORGE J**
STREET ADDRESS **6101 BLUE LAGOON DR., #200**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☐ Change ☒ Addition
NAME **TERRASA, JUAN A**
STREET ADDRESS **JARDINES DE VEDRUNA 9**
CITY-ST-ZIP **SANTA MARIA, SAN JUAN, PR 00928**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 305-3072126
Date Daytime Phone #