2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

ANNUAL KEPUR I						Secretary of State				
1. Entity Nan	MENT # K29505 Jia corporation			Secre	ary u	n Stat	æ			
Procinal Plac	ce of Business		L	-						
1		_	Mailing Address 400 N.W. 47 AVE.,							
400 N.W. 47 AVE., 400 N.W. 47 MIAMI, FL 33126 MIAMI, FL 3:					1					
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2. Principal f	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State		4. FEI Numbe 65-0065				plied For Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		\$8.75 Addi Fee Required		
ļ	5. Name and Address of Current	Registered Agent		None	7. Name and	Address of New F	legistered /	gent		
BUSTAMANTE, GILDARDO				Name						
400 NW 47 AVENUE MIAMI, FL 33126				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	<u> </u>	
The above named entity submits this statement for the purpose of changing its registered.					red agent or both	in the State of El		familiar with	and pagent	
the obligations of registered agents. SIGNATURE Signature, hyped or printed name of registered agent and side it applicable (NOTE: Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Con		ncing \$5	.00 May Be led to Fees					
		1	- 44		ADDITIONS	WANGE TO OF	TOTEL AND	DIDEOTORE		
10.	OFFICERS AND	Directors Delete	11.			CHANGES TO OF				
NAME	BUSTAMANTE, GILDARDO	TT DEIBLE	NAM			uradaria. Edick ar ada		— · · · · ·	Addition	
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NAME	BUSTAMANTE, MARTHA		NAV	·]						
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STREET ADDRESS	1			EET ADDRESS ('-ST-ZIP						
CITY-ST-ZIP		Alia dilan dan ast malfert		í	nation 110 07/050	Florida Statutes	I further see	tifu that the i-	formation	
12. I hereby indicated of the co	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee empor , or on an attachment with an address, t	tuis tiling does not quality to true and accurate and that to owered to execute this report	my signa as requ	implion stated in Se iture shall have the ired by Chapter 60	same legal effect 7, Florida Statutes	as if made under as; and that my name	oath; that I a te appears it	ım an officer n Block 10 or	or director Block 11 if	
changed	i, or on an attachment with air acidress, t	min agrouter magerilpumeres	7	·~ _/	حسية					