

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90049 031 \*\*\*158.75

<b>DOCUMENT # K97269</b> 1. Entity Name <b>FUTURAMA MANUFACTURING INC.</b>					
Principal Place of Business <b>168 SE 1ST 12TH FL MIAMI, FL 33131 US</b>			Mailing Address <b>C/O IVAN A GOMEZ 601 BRICKELL KEY DR #507 MIAMI, FL 33131 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address <b>168 S.E. 1 Street 12th Floor Miami, Florida 33131      Miami-Dade</b>		
4. FEI Number <b>65-0129970</b>			Applied For Not Applicable		
5. Certificate of Status Desired <b>X0X</b>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>IAG CORPORATE SERVICES, INC. COURVOISIER CENTRE II 601 BRICKELL KEY DR STE 507 MIAMI, FL 33131-2623</b>			7. Name and Address of New Registered Agent Name <b>Juan Carlos Fortuny</b> Street Address (P.O. Box Number is Not Acceptable) <b>168 S.E. 1 Street 12th Floor Miami      FL      33131</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 <u><i>Juan Fortuny</i></u> <b>Juan Carlos Fortuny V.P.</b> DATE <b>4-6-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTUNY, ARNALDO 168 S.E. FIRST STREET MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORTUNY, EMELY 168 S.E. FIRST STREET MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORTUNY, JUAN CARLOS 168 S.E. FIRST STREET MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORTUNY, ARNOLD, JR. 168 S.E. FIRST STREET MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Arnold Fortuny, Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4/6/04</b>		Daytime Phone #: <b>305 377 0034</b>

Arnold Fortuny, Jr.