2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90722 034 ****61.25

Daytime Phone #

1. Entity Nam	ie	# N0100000 ERICANA, INC.	1922				- -	03-03-2004	90/220	J4 C	11.23
Principal Place of Business 1632 32ND AVE E BRADENTON, FL 34208			1632	Mailing Address 1632 32ND AVE E BRADENTON, FL 34208			94080417				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04292004 C	hg-NP	CR2E03	7 (10/03)	
City & State			City	-		4. FEI Number Applied For 65-1087362 Not Applicable					
Zip	Country		Zip		Country	5. Certificate of Status Desired			S8.75 Additional Fee Required		
	6. Name	d Agent	Name	7. Name and Address of Ne			egistered A	\gent * -			
WALLE, FI 1632 32ND BRADENT	AVE E				<u> </u>	Street Address (P.O. Box Number is Not Acceptable)					
. **					City				FL	Zip Cod	<u> </u>
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)											
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Flori	da Depar	payable t Iment of S	tate -
10.	,	OFFICERS AND (DIRECTORS		11.	A	DDITIONS/CHANG				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1632 32N	FRANCISO D AVE E TON, FL 34208		- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2906 73N	Z, ALEJANDRO J D AVE E DN, FL 34222		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO 1108 28T PALMET			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	, . .		; ;,	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	*		Change	Addition
12. I hereby of indicated of the corchanged	certify that the on this report poration or to or on an att	e information supplied w rt or supplemental repor he receiver or trustee em achment with an addies	ith this filing t is true and a powered to s, with all oth	does not qualify for to accurate and that my execute this report as a like empowered.	he exemption state signature shall has s required by Cha	ed in Se ave the s oter 617	ction 119.07(3)(i). F same legal effect as , Florida Statutes; a	lorida Statutes. I if made under o nd that my name	further cer eath; that I a appears in	tify that the in im an officer in Block 10 or	nformation or director r Block 11 if

Franciso Walle