

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006127

Entity Name: ACTUALITAS INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

4050 S.W. 107 PL
MIAMI, FL 33165

New Principal Place of Business:

P.O. BOX 834352
MIAMI, FL 33283

Current Mailing Address:

4050 S.W. 107 PL
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-1139451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, JAIME M JR.
4050 S.W. 107 PL
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

HERNANDEZ, JAIME M JR.
P.O. BOX 835342
MIAMI, FL 33283 US

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.

SIGNATURE:

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNANDEZ, JAIME M JR.
Address: 4050 S.W. 107 PL
City-St-Zip: MIAMI, FL 33165

Title: TD () Delete
Name: ALCALA, SARA M
Address: 4050 S.W. 107 PL
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: VONMETZGER, GEORGE
Address: 5601 COLLINS AVE. APT. 703
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERNANDEZ, JAIME M JR.
Address: P.O. BOX 835342
City-St-Zip: MIAMI, FL 33283

Title: TD (X) Change () Addition
Name: ALCALA, SARA M
Address: 2811 ARCHER ROAD #A2
City-St-Zip: MIAMI, FL 32608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME M. HERNANDEZ

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date