2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) --

Secretary of State DOCUMENT # N01000007829 03-17-2004 90047 001 *****8.75 1. Entity Name 03-17-2004 90047 002 ****61.25 AROMAS DE PUERTO RICO OF FLORIDA, INC. Principal Place of Business Mailing Address 66406346 4663 MARTHA LOUISE DR W PALM BCH FL 33417 4663 MARTHA LOUISE DR W PALM BCH FL 33417 2. Principal Place of Business , 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 66-0609989 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTIZ, CARMEN O Street Address (P.O. Box Number is Not Acceptable) 4663 MARTHA LOUISE DR W PALM BCH FL 33417 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE ☐ Change ☐ Addition ORTIZ, CARMEN O NAME MAAR 4663 MARTHA LOUISE DR STREET ADDRESS STREET ADDRESS W PALM BCH FL 33417 CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete DDE ☐ Change ■ Addition MERCADO, LIZETTE NAME NAME 5268 EL BOSQUE LN #28 STREET ADDRESS STREET ADDRESS W PALM BCH FL 33415 CITY-ST-2IP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME CRUZ, CARMEN" NAME 1165 D SUMMIT TRAIL CIR STREET ADDRESS STREET ADDRESS CITY ST- 7IP WEST-PALM BEACH FL-33415-City-St-ZIP TITLE Delete TITLE Change ☐ Addition RIVERA, FELIX NAME SUMMIT TRAIL CIRC 1165 D STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete RODRIGUEZ, DAVID NAME NAME 4217 NW 120 LN STREET ADDRESS STREET ACCRESS SUNRISE FL 33323 CiTY-ST-7/P CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition MANGUAL, ANA NAME NAME 121 ROSEWOOD LN STREET ADDRESS STREET ADDRESS **GREENACRES FL 33463** CITY-ST-ZIP 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 617, 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. Camer

B. Clit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Mar 17, 2004 8:00 am