

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90374 034 ***150.00

DOCUMENT # P00000012222					
1. Entity Name HARIBO CORPORATION					
Principal Place of Business 605 E. ROBINSON ST STE 635 ORLANDO, FL 32779			Mailing Address 605 E. ROBINSON ST STE 635 ORLANDO, FL 32779		
2. Principal Place of Business 169 E. Flagler ST Suite, Apt. #, etc. Suite 1534 City & State Miami, FL Zip 33131		3. Mailing Address 169 E. Flagler ST Suite, Apt. #, etc. Suite 1534 City & State Miami, FL Zip 33131			
Country U.S.A.		Country U.S.A.		04092004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3620729				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATOS, CLAUDIA 17890 NE 34TH CT #3312 NORTH MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent Name <u>Matos, Claudia</u> Street Address (P.O. Box Number is Not Acceptable) <u>17890 NE 34th Ct # 3312</u> City <u>North Miami Beach, FL</u> Zip Code <u>33160</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DE PAULA, CANDELARIA B 309 SABAL PARK PLACE APT 205 LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	De Paula, Candelaria B. Estrada Campo d'Arenas # 131, Apt. 203 Jacarepagua - Rio de Janeiro - BRAZIL	<input type="checkbox"/> Change <input type="checkbox"/> Addition (zip code) 227 4311
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<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>Claudia de Paula Matos</u>			Date <u>4/10/4</u> Daytime Phone # <u>(305) 4661290</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					