


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000020855	
1. Entity Name JULIO FUSTE, INC.	

Principal Place of Business 14743 S.W. 173RD TERRACE MIAMI, FL 33187	Mailing Address 14743 S.W. 173RD TERRACE MIAMI, FL 33187
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03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0989448	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

**FUSTE, JULIO A
14743 S.W. 173RD TERRACE
MIAMI, FL 33187**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD FUSTE, LIBERTAD C 14743 S.W. 173RD TERRACE MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FUSTE, JULIO A 14743 S.W. 173RD TERRACE MIAMI, FL 33187
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IN THIS SPACE**

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5.03.04-80171-006 150.00

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: Libertad Fuste Libertad Fuste 3/7/04 305-775-4907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #