2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2004 08:00 AM Secretary of State **DOCUMENT # P00000026775** 1. Entity Name LOS RABANES CORP. Principal Place of Business Mailing Address 1521 ALTON RD #341 1521 ALTON RD #341 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 No Cha-P CR2E034 (10/03) 01272004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0992445 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACEVEDO, ALVARO B DO NOT WRITE 1521 ALTON ROAD #341 MIAMI, FL 33196 IN THIS SPACE 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 8. The above name the obligations istered agent 1 1004 SIGNATURE (NOTE Registered Agent signature required when reinstating) 10000001124527 \$5.00 May Be 9. Election Campaign Financing 04/22/04-80049-009 158.75 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE ACEVEDO, ALVARO 8 NAME 1521 ALTON ROAD #341 STREET ADDRESS MIAMI, FL 33196. CITY-ST-719 TITLE NAME STREET ADDRESS CITY-ST-ZIP HRE NAME STREET ADORESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE **3178 F** NAME

ion supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information temental report is true and accurate and that my/signature shall have the same legal effect as it made under oath; that I am an officer or director 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 12. I hereby certify that the inform indicated on this report or sup of the corporation of the changed, or on an attack

SIGNATURE: CER OR DIRECTOR

STREET ADDRESS CITY - ST - ZIP HHE NAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CHY-ST-282

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