

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90044 016 \*\*\*158.75

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MOORE

CR2E034 (11/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                                      |                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>DOCUMENT # P00000033265</b><br>1. Entity Name<br><b>FUTURO EXPORTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                                      |                                                        |  |
| Principal Place of Business<br><b>21113 JOHNSON STREET</b><br><b>129</b><br><b>PEMBROKE PINES FL 33029</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  | Mailing Address<br><b>21113 JOHNSON STREET</b><br><b>129</b><br><b>PEMBROKE PINES FL 33029</b>                                       |                                                        |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                            |                                                        |  |
| 4. FEI Number <b>65-0997104</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VELEZ, JOSE F</b><br><b>6993 NW 82ND AVE., #24</b><br><b>MIAMI FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 registering)      DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                      |                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  | 8. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                |                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                        |  |
| TITLE <b>D</b> <input type="checkbox"/> Delete<br>NAME <b>VELEZ, JOSE F</b><br>STREET ADDRESS <b>2061 RENAISSANCE BLVD., #302</b><br>CITY-ST-ZIP <b>MIRAMAR FL 33025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |                                                        |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |                                                        |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |                                                        |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |                                                        |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  | <b>JOSE F. VELEZ</b> 4/12/04      (954) 390-7155                                                                                     |                                                        |  |

Faxed 3/9/04