
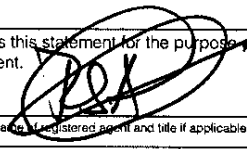
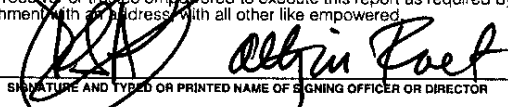


\$150

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

<b>DOCUMENT # P00000037366</b>			
1. Entity Name <b>DONA ISIDORA CORP.</b>			
Principal Place of Business <b>C/O RAFAEL SANCHEZ-ABALLI, ESQ. 1101 BRICKELL AVE., STE. 1400 MIAMI, FL 33131</b>		Mailing Address <b>C/O RAFAEL SANCHEZ-ABALLI, ESQ. 1101 BRICKELL AVE., STE. 1400 MIAMI, FL 33131</b>	
2. Principal Place of Business <b>1401 BRICKELL AVE.</b>		3. Mailing Address <b>1401 BRICKELL AVE.</b>	
Suite, Apt. #, etc. <b>STE. 825</b>		Suite, Apt. #, etc. <b>STE. 825</b>	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>	
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>SANCHEZ-ABALLI, RAFAEL 1101 BRICKELL AVE., STE. 1400 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>SANCHEZ-ABALLI, RAFAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1401 BRICKELL AVE., STE. 825</b> City <b>Miami</b> FL Zip Code <b>33131</b>	
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  DATE <b>4/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PSD</b>	NAME <b>VALENZUELA LARRANAGA, PATRICIO</b>	TITLE <b>PSD</b>	NAME <b>VALENZUELA LARRANAGA, PATRICIO</b>
STREET ADDRESS <b>1101 BRICKELL AVE., STE. 1400</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>	STREET ADDRESS <b>1401 BRICKELL AVE., STE. 825, MIAMI, FL 33131</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>
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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: 		DATE: <b>4/29/04</b> (305) 373-0330	