2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90041 020 ***150.00

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1. Entity Name
FLAMINGO ENERGY CORPORATION

Principal Place of Business	Mailing Address
444 BRICKELL AVE SUITE 51-PMB 503 MIAMI, FL 33131-2492	C/O PATRICIA JONES 1221 BRICKELL AVE, 21 FLOOR MIAMI, FL 33131

44U14501

02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1088228
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PDST
NAME	CAMPOLLA CODINA, RAMON
STREET ADDRESS	1221 BRICKELL AVE- GREENBERG TRAWIG
CITY-ST-ZIP	MIAMI, FL
TITLE	VPD
NAME	CAMPOLLO CODINA, RICARDO
STREET ADDRESS	1221 BRICKELL AVE- GREENBERG TRAWIG
CITY-ST-ZIP	MIAMI, FL
TITLE	VPD
NAME	CAMPOLLO DE GARCIA, ROSA MARIA
STREET ADDRESS	1221 BRICKELL AVE- GREENBERG TRAWIG
CITY-ST-ZIP	MIAMI, FL
TITLE	VPD
NAME	CAMPOLLO DE BONIFASI, MARIA E
STREET ADDRESS	1221 BRICKELL AVE- GREENBERG TRAWIG
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Rosa Maria Campollo de Garcia 2/27/04 305-789-5367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #