## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P00000071783** 04-12-2004 90334 044 \*\*\*150.00 1. Entity Name MAJOSEF CORP. Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE SUITE 0-305 SUITE 0-305 14001457 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01062004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 52-2257632 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Transoiobal Corporate Administration TRANSGLOBAL CORPORATE ADMINISTRATION Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE **SUITE 0-305** MIAMI, FL 33131 Brickell Ke 8. The above named entity submits this statemen pose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D TITLE Delete TITLE ☐ Change ☐ Addition BARRA, MARIO ONORATO NAME NAME 520 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS STREET ADDRESS CITY+ST-7IP MIAMI, FL 33131 CITY-ST-ZIP AS ☐ Delete TITLE TITLE ☐ Change ☐ Addition ROJAS, MARCO NAME NAME STREET ADDRESS 520 BRICKWELL KEY DR., #305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Director TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 property like empowered.

FILED