

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90166 011 \*\*\*150.00

DOCUMENT # P00000084655

1. Entity Name  
 HMIT/HAND MADE INTERNATIONAL TRADE CORPORATION



Principal Place of Business  
 7331 NW 27TH AVENUE  
 MIAMI, FL 33147

Mailing Address  
 PO BOX 562951  
 MIAMI, FL 33256



2. Principal Place of Business

*14435 Country Walk DR.*

3. Mailing Address

*7105 SW 8ST*

04292004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*309*

4. FEI Number  
 65-1043327

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

*Miami FL*

City & State

*Miami FL*

Zip

*33186*

Country

Zip

*33144*

Country

**6. Name and Address of Current Registered Agent**

CASTRO, SERGIO A  
 13712 SW 147 CIR., LN #3  
 MIAMI, FL 33186

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	QUINTANA, ROCI BOTERO	13712 SW 147 CIR., LN #3	MIAMI, FL 33186	<input type="checkbox"/>
D	CASTRO, SERGIO A	13712 SW 147 CIR., LN #3	MIAMI, FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 information.

SIGNATURE: *Sergio Castro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/04* *(305) 226-3993*  
 Date Daytime Phone #