DOCUMENT # P00000099242 Lenvorm HOLGUIN, INC.   Maing address  doos SW 72 AVENUE  MARIL, FL 33155   Maing address  doos SW 72 AVENUE MARIL, FL 33155    Maing address  doos SW 72 AVENUE MARIL, FL 33155	2004 FOR PROFIT CORPORATION ANNUAL REPORT				FILED _ Apr 27, 2004 08:00 AM			
4908 SW 72 AVENUE MIAMI, FL 33155       4908 SW 72 AVENUE MIAMI, FL 33155         DO NOT WRITE IN THIS SPACE       UMADE: Second (1003)         4. FEI Number State and Address of Durrent Registered Againt       UMADE: Second (1003)         4. FEI Number State and Address of Durrent Registered Againt       DO NOT WRITE IN THIS SPACE         HOLGUIN, MARK ELENA 12103 SW 105 LANE MIAMI, FL 33198       DO NOT WRITE IN THIS SPACE         B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portel. 1 and familiar with, and accept the obligations of registered agent.       DO NOT WRITE IN THIS SPACE         B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portel. 1 and familiar with, and accept the obligations of registered agent.       Other Registered agent, or both, in the State of Portel. 1 and familiar with, and accept the obligations of registered agent.       Other Registered agent, or both, in the State of Portel. 1 and familiar with, and accept the obligations of registered agent.       Other Registered agent, or both, in the State of Portel. 1 and familiar with, and accept the obligation of registered agent.       Other Registered agent, or both, in the State of Portel. 1 and familiar with, and accept the obligation of registered agent.       Other Registered agent, or both, in the State of Portel. 1 and familiar with, and accept the obligation of registered agent.         Bitter Accept private area agent	1. Entity Nam	ne	2					
DO NOT WRITE IN THIS SPACE       D422004       No Chu-P       CR2E034 (10'03)         UPER Number 65-1049193       Cartificate of Status Desired       Applied For 65-1049193       No Chu-P       CR2E034 (10'03)         Not Applicable       Cartificate of Status Desired       B8.75 Additional For Required       B8.75 Additional For Required         HOLGUIN, MARIA ELENA 12103 SW 105 LANE MIAMI, FL 33188       DO NOT WRITE IN THIS SPACE       DO NOT WRITE IN THIS SPACE         SIGMATURE For Additional For May 17, 2004 Free will be \$55.00 After May 1, 2004 Fee will be \$55.00 After May 1, 2004 Fee will be \$55.00 After May 1, 2005 W 105TH LANE MAMI, FL 33186       Do NOT WRITE IN THIS SPACE         The American Additional Action and Additional Action and Additional Action and Additional Action and Additional Action Trust Fund Contribution       \$5.00 May 8 Addition Fees       04/27/04-80105-017 150.00         100000133849 04/27/04-80105-017 150.00       Port May 1, 2005 W 105TH LANE MAMI, FL 33186       Do NOT WRITE IN THIS SPACE         The Max       VPD MAMI, FL 33186       DO NOT WRITE IN THIS SPACE       DO NOT WRITE IN THIS SPACE         Max       COSTALES, MARIA SIGMATURE       Sigma Addition Fee       DO NOT WRITE IN THIS SPACE	4808 SW 72	AVENUE 4	808 SW 72 AVENUE					
HOLGUIN, MARIA ELENA 12103 SW 105 LANE WIAMAN, FL 33186  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Full NOWIL FEE 18 5150.00  After May 1, 2004 Fee will be \$550.00  Complete statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept full Note of protections of registered agent.  SIGNATURE  Full NOWIL FEE 18 5150.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  Complete statement for the purpose of changing Financing Full Now Hold State St	C	DO NOT WRITE I	N THIS SPAC	CE	04262004 4. FEI Number 65-1049	No Chg-P 193	CR2E034 (10	/03) Applied For Not Applicable Additional
the obligations of registered agent.  SIGNATURE Segular, hypothy protect representation agent and the 4 applicable.  PILE NOWILIT FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00    Solution.  PD OFFICIENTS AND DIRECTORS  DO NOT WRITE INT 5: 2P MIAMI, FL 33186  DO NOT WRITE INT 5: 2P MIAMI, FL 33186  DO NOT WRITE INT HIS SPACE  DO NOT WRITE INT HIS SPACE  INT S: 2P MIAMI, FL 33186  DO NOT WRITE INT HIS SPACE	12103 SW	, MARIA ELENA / 105 LANE	tered Agent					
ITTLE VPD NAME HOLGUIN, JESUS EDISON STREET ADDRESS CRY-ST-ZP MIAMI, FL 33188 ITTLE SD COSTALES, MARIA STREET ADDRESS I 2103 S.W. 105TH LANE COSTALES, MARIA STREET ADDRESS CRY-ST-ZP MIAMI, FL 33186 ITTLE KAME STREET ADDRESS CRY-ST-ZP ITTLE NAME STREET ADDRESS CRY-ST-ZP ITTLE NAME	After M 10. TITLE NAME	OFFICERS AND DIREC OFFICERS AND DIREC PD HOLGUIN, MARIA ELENA	Trust Fund Contribution.		00 May Be ad to Fees	110000 04/27/04	0133849 -80105-013	7 150.00
SD       NAME     COSTALES, MARIA       STRET ADDRESS     12103 S.W. 105TH LANE       CITY-ST-ZIP     MIAMI, FL 33186       TITLE     AMAE       STRET ADDRESS     CITY-ST-ZIP       TITLE     STRET ADDRESS       STRET ADDRESS     CITY-ST-ZIP       TITLE     STRET ADDRESS       CITY-ST-ZIP     TITLE       NAME     STRET ADDRESS       CITY-ST-ZIP     TITLE       NAME     STRET ADDRESS       STRET ADDRESS     STRET ADDRESS       CITY-ST-ZIP     TITLE       NAME     STRET ADDRESS       STRET ADDRESS     STRET ADDRESS	TITLE NAME STREET ADORESS CITY -ST-ZIP TITLE NAME STREET ADORESS	PD HOLGUIN, MARIA ELENA 12103 S.W. 105TH LANE MIAMI, FL 33186 VPD HOLGUIN, JESUS EDISON 12103 S.W. 105TH LANE						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME	SD COSTALES, MARIA 12103 S.W. 105TH LANE				NOT W		
NAME	CITY - ST - ZIP TITLE			1	IN T	HIS SI	PACE	
<ul> <li>CITY-ST-ZP</li> <li>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on his 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 807, 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.</li> </ul>	CITY - ST-ZIP TITLE NAME STREET ADDRESS				ΙΝΤ	HIS SI	PACE	

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