2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004
Secretary of State

DOCUMENT# P00000101474

Entity Name: VIACON GROVES, INC.

Current Principal Place of Business:

PO BOX 1940
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

109 FOREST HILL BLVD
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-1074134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IGLESIAS, JORGE
1843 INDIAN ROAD
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONTRERAS, ANTONIO L
Address: 109 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete
Name: CONTRERAS, ADELA M
Address: 109 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D (X) Delete
Name: VIAMONTES, RAFAEL J
Address: 2005 CORTEZ AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D (X) Delete
Name: VIAMONTES, JORGE A
Address: 1918 WYOMING AVE
City-St-Zip: FT PIERCE, FL 34982

Title: D (X) Delete
Name: VIAMONTES, JOSE A
Address: 1100 W. WEATHERBEE ROAD
City-St-Zip: FT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO L. CONTRERAS PRES 02/04/2004

Electronic Signature of Signing Officer or Director — Date