

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90465 040 ***150.00

DOCUMENT # P00000105383 1. Entity Name HAMBURGUESAS PRIMOS, INC.					
Principal Place of Business 7225 NW 25 STREET STE. 201 MIAMI, FL 33122			Mailing Address 7225 NW 25 STREET STE. 201 MIAMI, FL 33122		
2. Principal Place of Business 1389 Seagrape Circle Suite, Apt. #, etc. Weston, Florida City & State		3. Mailing Address 1389 Seagrape Circle Suite, Apt. #, etc. Weston, FL 33326 City & State			
Zip 33326 Country USA		Zip 33326 Country USA		04212004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1059120				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLANO, MARIA L 7225 NW 25 STREET SUITE 201 MIAMI, FL 33122			7. Name and Address of New Registered Agent Name LLANO, MARIA L Street Address (P.O. Box Number is Not Acceptable) 1389 Seagrape Circle City Weston FL Zip Code 33326		
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: <u><i>Maria L. Llano</i></u> DATE: <u>AP 21/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSPINA, GONZALO MEJIA CALLE 128C # 62A70/ CASA #7 SANTAFE DE BOGOTA COLOMBIA.	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLANO, MARIA L 7225 NW 25 STREET STE. 201 MIAMI, FL 33122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLANO, MARIA L 1389 Seagrape Circle Weston, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Maria L. Llano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>AP 21/04</u>		Daytime Phone # <u>(954) 3855063</u>