2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P00000107704

1. Entity Name
SUCCESS VENTURES OF FLORIDA, INC.

Principal Place of Business

Banco Santander Building 1401 Brickell Avenue, Ste 500 Miami, FL 33131 Mailing Address

Banco Santander Building 1401 Brickell Avenue, Ste 500 Miami, FL 33131

FILED May 25, 2004 8:00 am Secretary of State

05-25-2004 90003 002 ***150.00

24077034



DO NOT WRITE IN THIS SPACE

05062004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0577317

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

VAZQUEZ, GERARDO A ESQ

Banco Santander Building 1401 Brickell Avenue, Ste 500 Miami, FL 33131 DO NOT WRITE IN THIS SPACE

wham, r	-E 30 10 1	. i	toward we set			
	named entity submits this staten ions of registered agent.	ent for the purpose of changing	its registered office or	registered agent, or both	n, in the State of Florida. I am fam	iliar with, and accept
SIGNATURE	Signature, typed or printed name of registerer	signet and little il applicable. (f	IO1E: Regislered Appell signatu	ne required when reinstaling)	DATE	
FILE NOWIII FEE IS \$550.00 9. Election Campaign Due by September 8, 2004 Trust Fund Contrib				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			4		11 July 185 Black
TITLE . NAME STREET ADDRESS CHTY-ST-ZIP	1401	o Santander Building Brickell Avenue, Ste i, FL 33131	500			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
HITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 til changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND EXPENDED ON PRINTED NAME OF SUNING DEFICER OF DIREC

400x/10

305-371-8064