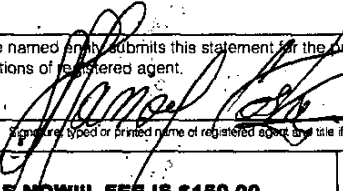
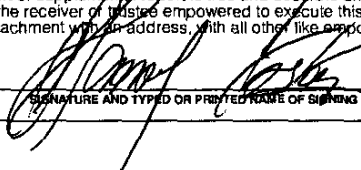


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90454 046 ***158.75

DOCUMENT # P00000111604 1. Entity Name FAMILY EAGLE, CORP.					
Principal Place of Business 2000 NE 135 STREET SUITE 303 NORTH MIAMI, FL 33181			Mailing Address 2000 NE 135 STREET SUITE 303 NORTH MIAMI, FL 33181		
2. Principal Place of Business 2099 NE 173 Street Suite, Apt. #, etc.		3. Mailing Address 2099 NE 173 Street Suite, Apt. #, etc.			
City & State NORTH MIAMI BEACH, FL Zip 33162		City & State NORTH MIAMI BEACH, FL Zip 33162		4. FEI Number 65-1059526	
Country USA		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE FRANCA TOSTA, MANOEL LUIS 2000 NE 135 STREET MIAMI, FL 33181				7. Name and Address of New Registered Agent Name DE FRANCA TOSTA, MANOEL LUIS Street Address (P.O. Box Number is Not Acceptable) 2099 NE 173 St. City NMB	
8. The above named entity admits 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: 				DATE 04/21/04	
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE FRANCA TOSTA, MANOEL LUIS 2000 NE 135 STREET MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE FRANCA TOSTA, MANOEL LUIS 2099 NE 173 St. NMB, FL 33162	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDARA, VANIA MARIA 2000 NE 135 STREET MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDARA, VANIA MARIA 2099 NE 173 St. NMB, FL 33162	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, MARIO LUIZ 5042 SHERIDAN STREET HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 				Date 4/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305 940 1330	