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	Mailing Address
2000 NE 135 STREET SUITE 303 NORTH MIAMI, FL 33181	2000 NE 135 STREET SUITE 303 NORTH MIAMI, FL 33181

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2099 NE 173 Street	2099 NE 173 Street
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: North Miami Beach, FL	City & State: North Miami Beach, FL
Zip: 33162 Country: USA	Zip: 33162 Country: USA

4. FEI Number: 65-1059526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE FRANCA TOSTA, MANOEL LUIS 2000 NE 135 STREET MIAMI, FL 33181	Name: DE FRANCA TOSTA, MANOEL LUIS Street Address (P.O. Box Number is Not Acceptable): 2099 NE 173 St. City: NMB FL Zip Code: 33162

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: _____ 04/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 TOST, 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: _____ 4/21/04 305 940 1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #