


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90171 003 \*\*\*150.00

<b>DOCUMENT # P00000111933</b>	
1. Entity Name <b>REPRESENTACIONES TECNICAS TEXTILES, INC.</b>	

Principal Place of Business <b>6805 W COMERCIAL BLVD #169 TAMARAC, FL 33319</b>	Mailing Address <b>6805 W COMERCIAL BLVD #169 TAMARAC, FL 33319</b>
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2. Principal Place of Business <b>6805 W. Comercial Blvd</b>	3. Mailing Address <b>6805 W. Comercial Blvd,</b>
Suite, Apt. #, etc. <b>#169</b>	Suite, Apt. #, etc. <b>#169</b>
City & State <b>Tamarac, FL</b>	City & State <b>Tamarac, FL</b>
Zip <b>33319</b>	Country <b>U.S.A.</b>



04072004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1059285</b>	Applied For <input 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 <b>ESQUENAZI, ELISA 6805 W COMERCIAL BLVD #169 TAMARAC, FL 33319</b>	7. Name and Address of New Registered Agent Name <b>Elisa Esquenazi</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 *Elisa Esquenazi* DATE 4/26/04

Signature, typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESQUENAZI, ELIAS</b>		NAME <b>Rebeca de Esquenazi</b>	
STREET ADDRESS <b>6805 W COMERCIAL BLVD #169</b>		STREET ADDRESS <b>6805 W. Comercial Blvd. #169, Tamarac, FL.</b>	
CITY-ST-ZIP <b>TAMARAC, FL 33319</b>		CITY-ST-ZIP <b>33319</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESQUENAZI, ELISA</b>		NAME	
STREET ADDRESS <b>6805 W COMERCIAL BLVD #169</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC, FL 33319</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Elisa Esquenazi* DATE 4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR