


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90003 027 \*\*\*150.00

<b>DOCUMENT # P01000020104</b>	
1. Entity Name <b>BOTERO LUJAN, INC.</b>	

Principal Place of Business <b>19370 COLLINS AVE PH 3 SUNNY ISLES FL 33160</b>	Mailing Address <b>19370 COLLINS AVE PH 3 SUNNY ISLES FL 33160</b>
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2. Principal Place of Business <b>6770 INDIAN CREEK DR.</b>	3. Mailing Address <b>6770 INDIAN CREEK DR.</b>
Suite, Apt. #, etc. <b>APT. TO</b>	Suite, Apt. #, etc. <b>APT. TO</b>

City & State <b>MIAMI BEACH, FLORIDA</b>	City & State <b>MIAMI BEACH</b>
Zip <b>33141</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>65-1085908</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>LUJAN, JORGE B 19370 COLLINS AVE PH #3 SUNNY ISLES FL 33160</b>	

7. Name and Address of New Registered Agent	
Name <b>JORGE B. LUJAN</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>6770 INDIAN CREEK DRIVE #TO</b>	
City <b>MIAMI BEACH</b>	Zip Code <b>FL 33141</b>

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 <i>Luz Adriana Gomez</i>	DATE <i>2/28/04</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LUJAN, JORGE B</b> <b>19370 COLLINS AVE PH #3</b> <b>SUNNY ISLES FL 33160</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GOMEZ, LUZ A</b> <b>19370 COLLINS AVE PH #3</b> <b>SUNNY ISLES FL 33160</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Luz Adriana Gomez</i>	DATE: <i>2/27/04</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	