2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000021702

1. Entity Name
ORINOCO PRESS PUBLISHER, CORP.

Principal Place of Business	Mailing Address
1290 WESTON RD SUITE 306 WESTON, FL 33326	1290 WESTON RD SUITE 306 WESTON, FL 33326

03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1081340
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORONA, MARITZA
301 S W 85TH WAY, #108
PEMBROKE PINES, FL 33025

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

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

100000098395
03/29/04-80038-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEJIAS, CARLOS ELIAS
STREET ADDRESS	1290 WESTON RD STE 210
CITY-ST-ZIP	WESTON, FL 33326
TITLE	VD
NAME	GUEVARA, MARVELIS PEREZ
STREET ADDRESS	1290 WESTON RD STE 210
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326
TITLE	SD
NAME	EJIAS PEREZ, JUAN CARLOS
STREET ADDRESS	1290 WESTON RD STE 210
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carlos Mejias 03/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #