
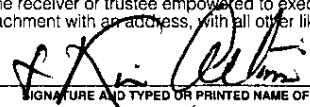


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90015 025 ***150.00

DOCUMENT # P01000022788 1. Entity Name ADVANCED BUSINESS CORP.					
Principal Place of Business 10920 W. FLAGLER STREET #202 MIAMI, FL 33174 US			Mailing Address 10920 W. FLAGLER STREET #202 MIAMI, FL 33174 US		
2. Principal Place of Business 3900 NW 79 AVE Suite, Apt. #, etc. SUITE 324 City & State MIAMI, FL Zip 33166 Country USA			3. Mailing Address 3900 NW 79 AVE Suite, Apt. #, etc. SUITE 324 City & State MIAMI, FL Zip 33166 Country USA		
6. Name and Address of Current Registered Agent ALTAMIRANO, KINA R 10920 WEST FLAGLER #202 MIAMI, FL 33174			7. Name and Address of New Registered Agent Name ALTAMIRANO, KINA R Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79 AVE SUITE 324 City MIAMI FL Zip Code 33166		
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: 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD ALTAMIRANO, KINA 10920 WEST FLAGLER ST., #202 MIAMI, FL 33174	<input type="checkbox"/> Delete	TITLE	PD ALTAMIRANO, KINA 3900 NW 79 AVE #324 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTAMIRANO, JOSE A	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3900 NW 79 AVE, SUITE 324		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, SANDRO		NAME		
STREET ADDRESS	3900 NW 79 AVE, SUITE 324		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		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: 			Date: 4/28/04 (305) 552-1595		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

24076126



04282004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0698217

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

ALTAMIRANO, KINA R
10920 WEST FLAGLER
#202
MIAMI, FL 33174

Name **ALTAMIRANO, KINA R**
Street Address (P.O. Box Number is Not Acceptable)
3900 NW 79 AVE
SUITE 324
City **MIAMI** FL Zip Code **33166**

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(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 PD
NAME ALTAMIRANO, KINA
STREET ADDRESS 10920 WEST FLAGLER ST., #202
CITY-ST-ZIP MIAMI, FL 33174

TITLE VD
NAME ALTAMIRANO, JOSE A
STREET ADDRESS 3900 NW 79 AVE, SUITE 324
CITY-ST-ZIP MIAMI, FL 33166

TITLE SD
NAME CABRERA, SANDRO
STREET ADDRESS 3900 NW 79 AVE, SUITE 324
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME ALTAMIRANO, KINA
STREET ADDRESS 3900 NW 79 AVE #324
CITY-ST-ZIP MIAMI, FL 33166

TITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #