


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90011 046 \*\*\*150.00

<b>DOCUMENT # P01000026768</b> 1. Entity Name <b>CERTO CORPORATION</b>																					
Principal Place of Business <b>901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134</b>			Mailing Address <b>901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134</b>																		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2013 Harbor view circle</b> Suite, Apt. #, etc.																			
City & State 		City & State <b>WESTON, FLORIDA</b>		4. FEI Number <b>65-1101225</b>																	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																	
Zip <b>33327</b>		Country <b>USA</b>		01082004 Chg-P CR2E034 (10/03)																	
6. Name and Address of Current Registered Agent <b>MACEDA, FERNANDO 2013 HARBOR VIEW CIRCLE FORT LAUDERDALE, FL 33327</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																	
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: <u><i>Fernando Maceda</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>01-10-04</u>																					
<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>																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MACEDA, FERNANDO</td> </tr> <tr> <td>STREET ADDRESS</td> <td>901 PONCE DE LEON BLVD SUITE 603</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> </tr> </table>			TITLE	D <input type="checkbox"/> Delete	NAME	MACEDA, FERNANDO	STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 603	CITY-ST-ZIP	CORAL GABLES, FL 33134	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-04

Date

954 907 3105

Daytime Phone #