


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90298 004 \*\*\*150.00

<b>DOCUMENT # P01000037986</b>					
<b>1. Entity Name</b> ARTESANIAS DE COLOMBIA-FRANQUICIA DE LA FLORIDA, INC.					
<b>Principal Place of Business</b> 7801 NW 37TH ST. STE 105987 MIAMI, FL 33166			<b>Mailing Address</b> 7801 NW 37TH ST. STE 105987 MIAMI, FL 33166		
<b>2. Principal Place of Business</b> P.O. BOX 02-5512		<b>3. Mailing Address</b> P.O. BOX 02-5512			
Suite, Apt. #, etc. STE # 105268		Suite, Apt. #, etc. STE # 105268		04142004    Chg-P    CR2E034 (10/03)	
City & State MIAMI, FL		City & State MIAMI, FL		<b>4. FEI Number</b> 65-1095449	
Zip 33102-5512		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GUILLERMO CABRERA, CARLOS 7801 NW 37TH ST. STE 105987 MIAMI, FL 33166			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, CARLOS G 7801 NW 37TH ST., STE 105987 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUTIERREZ, ALEJANDRO 7801 NW 37TH ST., STE 105987 MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEJIA, MARIA FRANCISCA 7801 NW 37TH ST, STE 105987 MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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 supplement thereto 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 holder of 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 lines empowered.</b>					
<b>SIGNATURE:</b> _____			14.4.2004    305.5920453		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		

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