2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 2004 8:00 am Secretary of State DOCUMENT # P01000044399 1. Entity Name 02-25-2004 90048 002 ***150.00 PUNTA SAL CORPORATION Principal Place of Business Mailing Address 7367 N.W. 36TH STREET MIAMI FL 33166 7367 N.W. 36TH STREET MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) P.O. BOX 245005 City & State City & State 4. FEI Number Applied For 65-1100359 PEMBROKE PINES Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 3302 Y Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDILLO, MARIA Street Address (P.O. Box Number is Not Acceptable) 7367 N.W. 36TH STREET **MIAMI FL 33166** 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. PRESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ■ Addition Delete TITLE TITLE GORDILLO, MARIA T NAME NAME STREET ADDRESS 11287 NW 6TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33172 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 eath; 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

FILED

Daytime Phone #