


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90052 037 ***150.00

DOCUMENT # P01000066394 1. Entity Name ENVIOS Y MAS INC.					
Principal Place of Business 10 S LIME ST FELLSMERE, FL 32948			Mailing Address 10 S LIME ST FELLSMERE, FL 32948		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1117014	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALMANZA, DAVID 10 S LIME ST FELLSMERE, FL 32948				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
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		
NAME ALMANZA, DAVID	STREET ADDRESS 102 MAGNOLIA ST	CITY-ST-ZIP FELLSMERE, FL 32948	TITLE P, S, T	NAME 	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	CITY-ST-ZIP 	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: DAVID ALMANZA			1/24/04 (772)571-8616		