## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0100066394  1. Entity Name ENVIOS Y MAS INC.								01-26-20	04 90052 (	)37 ***1	50.00
Principal Place of Business 10 S LIME ST FELLSMERE, FL 32948			Mailing Address 10 S LIME ST FELLSMERE, FL 32948			4 ( <b>EE</b> )( <b>ES</b> ) (6)	44004	114	18 (191 <b>3 16</b> 11) <b>9</b> 18 (	- <b>100</b> 4 (1 1 <b>00</b> 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01152004	Chg-P	CR2E03	4 (10/03)	
City & State			City & State				4. FEI Numb			<del> </del>	plied For t Applicable
Zip		Country	Zip	try	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Current I	Registered Agent		7: Name and Address of New Registered Agent Name						
ALMANZA, DAVID											
10 S LIME	ST	2948		Street Addres			(P.O. Box Number is Not Acceptable)				
				City					FL	Žip Code	<del></del>
							***************************************			<u> </u>	
8. The above the obligat	named entitions of regist	y submits this statement for ered agent.	the purpose of changing its	registere	ed office or re	egistere	ed agent, or bo	th, in the State of F	lorida. I am fa	miliar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resistating)  DATE.											
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution							00 May Be ed to Fees				,
10.		OFFICERS AND I	DIBECTORS -	11.	<del>.</del>		ADDITIONS	L. /CHANGES TO OF	EICERS AND I	DIRECTORS	\$ IN 11
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NAME	ALMANZA	A, DAVID	2.3 0000	NAM	;	• , -	3, 1				
STREET ADDRESS	102 MAG	NOLIA ST		STRE	ET ADDRESS						
CITY-ST-ZIP	FELLSME	RE, FL 32948		CITY	-ST-ZIP						
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STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP			1.1.1	CITY	-ST-ZIP					• •	
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, NAME , STREET ADDRESS			.ns	NAM	ET ADDRESS_		, ೧೯ ಕ0s≀	·			
CITY-ST-ZIP			.115		-ST-ZIP	1		i			
· 12. Thereby	L	e information supplied with	this filing does not qualify fo	r the exe	motion`state	d in Se	tion 119 07/31	(i) Florida Statutes	I further certif	fy that the in	formation
indicated of the cor changed	on this repo poration or the or on an atta	rt or supplemental report is ne receiver or truster empt achment with an address w	true and accurate and that twe ed to execute this report with all other like empowered	my signa as requi	ture shall hav red by Chap	ve the soter 607	ame legal effect, Florida Statute	t as if made under es; and that my nar	oath; that I ar ne appears in	n an officer Block 10 or	or director Block 11 if