


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000071962
 1. Entity Name
 FERGRA, INC.



Principal Place of Business 13290 S.W. 88TH LANE SUITE 209A MIAMI, FL 33186	Mailing Address 13290 S.W. 88TH LANE SUITE 209A MIAMI, FL 33186
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04252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0580303	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 NAVARRA, FERNANDO M
 13290 S.W. 88TH LANE
 SUITE 209A
 MIAMI, FL 33186

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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: Fernando Navarra [Signature] 04/26/04
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000154691
 05/05/04-80007-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD NAVARRA, FERNANDO M 13290 S.W. 88TH LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FLOREZ, GRACIELA 13290 S.W. 88TH LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VILLAMIZAR, LORENA 13270 S.W. 88TH LANE- SUITE 209A MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: [Signature] pres. 4/24/04 (305) 385-5867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #