2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90274 010 ***150.00

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1. Entity Name
EBRO SERVICES CORPORATION

Principal Place of Business	Mailing Address
15317 SOUTH DIXIE HIGHWAY MIAMI, FL 33157	15317 SOUTH DIXIE HIGHWAY MIAMI, FL 33157

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8337 WEST FLAGLER STREET	8337 WEST FLAGLER STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33144 Country: USA	Zip: 33144 Country: USA

4. FEI Number: 65-1155224 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUEVAS, ANDREW ESQ. 536 BILTMORE WAY CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of individual (if applicable) (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE SOUSA FERNANDEZ, JOSE FRANCISCO		NAME	
STREET ADDRESS	536 BILTMORE WAY		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE	DVP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DA SILVA NOVAL, ACRISIO		NAME	
STREET ADDRESS	536 BILTMORE WAY		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DO ROSARIO LOURENCO, MARIO		NAME	
STREET ADDRESS	536 BILTMORE WAY		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOUSA FERNANDEZ, CARLOS ALBERTO		NAME	
STREET ADDRESS	536 BILTMORE WAY		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE SOUSA FERNANDEZ, MIGUEL ANGEL		NAME	
STREET ADDRESS	536 BILTMORE WAY		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			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 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: Stephanie DeSousa 04/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #