

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


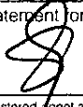
FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90764 015 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P01000077613			
1. Entity Name CANTARES INC.		Principal Place of Business 5200 S.W. 8TH ST #203 CORAL GABLES FL 33134	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5200 S.W. 8TH ST #203 CORAL GABLES FL 33134	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1155457		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENTE, SONIA I 10250 S.W. 16TH ST MIAMI FL 33165		7. Name and Address of New Registered Agent	
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 4-28-4	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENTE, SONIA 10250 SW 16TH ST MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **4-28-4 305445 9330**