


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90116 044 \*\*\*150.00

<b>DOCUMENT # P01000086123</b>	
1. Entity Name <b>ESTATUS DISCOS, INC.</b>	

Principal Place of Business <b>2301 COLLINS AVE, SUITE A435 MIAMI BEACH, FL 33139</b>	Mailing Address <b>2301 COLLINS AVE, SUITE A435 MIAMI BEACH, FL 33139</b>
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**20033698**



2. Principal Place of Business <b>5600 COLLINS AVE.</b>	3. Mailing Address <b>5600 COLLINS AVE.</b>
Suite, Apt. #, etc. <b>AP-6Y</b>	Suite, Apt. #, etc. <b>#6Y</b>
City & State <b>MIAMI BEACH</b>	City & State <b>MIAMI BEACH</b>
Zip <b>33140</b>	Country <b>U.S.A.</b>

04092005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1135387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

5. Name and Address of Current Registered Agent <b>GEORGE SAENZ, CPA, P.A. 45 S.W. 24TH ROAD MIAMI, FL 33129</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D CACERES, ANDRES 2301 COLLINS AVE, SUITE A435 MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5600 COLLINS AVE. #6Y MIAMI BEACH, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CACERES, LUCIANA 2301 COLLINS AVE, SUITE A435 MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5600 COLLINS AVE #6Y MIAMI BEACH, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MANZELLI, JULIAN P SEC 4011 NORTH MERIDIAN AV. #28 MIAMI BEACH, FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANDRES CACERES**

**04/10/05**

Date

**305 865 4297**

Daytime Phone #