


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000089054</b>	
1. Entity Name <b>EPIPHANY IMPORT &amp; EXPORT, INC.</b>	

Principal Place of Business <b>1000 VENETIAN WAY TH 110 MIAMI, FL 33139</b>	Mailing Address <b>1000 VENETIAN WAY TH 110 MIAMI, FL 33139</b>
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01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1138403</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MARTINEZ, SANDRA 1000 VENETIAN WAY TH 110 MIAMI, FL 33139</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARTINEZ, SANDRA 1000 VENETIAN WAY TH 110 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTINEZ, FRANCISCO R 1000 VENETIAN WAY TH 110 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTINEZ, JAIME R 1000 VENETIAN WAY TH 110 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTINEZ, FRANCISCO A 1000 VENETIAN WAY TH 110 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/29/04-80083-015 150.00

**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: 	Date: <b>Feb 20/04</b> (305) 371-2457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	