

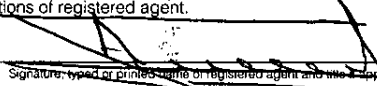
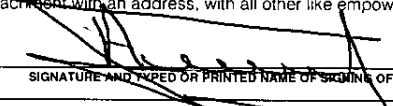


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90489 020 ***150.00

DOCUMENT # P01000093799 1. Entity Name HIGH END HOLDINGS, INC.					
Principal Place of Business 701 BRICKELL KEY, #1006 MIAMI, FL 33131			Mailing Address 701 BRICKELL KEY, #1006 MIAMI, FL 33131		
2. Principal Place of Business 201 CRANDON BLVD Suite, Apt. #, etc. #630 City & State KEY BISCAINE FL Zip 33149 Country USA		3. Mailing Address 201 CRANDON BLVD Suite, Apt. #, etc. #630 City & State KEY BISCAINE, FL Zip 33149 Country USA			
03082004 Chg-P CR2E034 (10/03)		4. FEI Number 20-0613826		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SANCHEZ DE VARONA, RAUL J 1320 SOUTH DIXIE HWY 280 CORAL GABLES, FL 33146			
7. Name and Address of New Registered Agent Name JOSE A GUTIERREZ Street Address (P.O. Box Number is Not Acceptable) 201 CRANDON BLVD #630 City KEY BISCAINE FL Zip Code 33149		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  Alfredo Gutierrez (NOTE: Registered Agent signature required when reinstating) DATE 03/12/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	DP GUTIERREZ, JOSE ALFREDO 701 BRICKELL KEY, #1006 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUTIERREZ, JOSE ALFREDO 201 CRANDON BLVD #630 KEY BISCAINE FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUTIERREZ, CARLOS EDUARDO 701 BRICKELL KEY, #1006 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUTIERREZ, CARLOS E 201 CRANDON BLVD #630 KEY BISCAINE, FL 33149 <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:  Alfredo Gutierrez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 03/12/04 Daytime Phone #					