
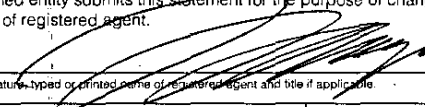
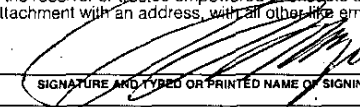


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90002 036 ***550.00

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|--|--|---|---|---------------------------------------|---|--------------------------------------|---|--|---|---|---|--|--|--|--|---------------------------------------|---|--------------------------------------|---|--|---|---|---|
| DOCUMENT # P01000096394 1. Entity Name AMERICA.SOURCING, INC. | |  | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2830 NW 70TH AVE. MIAMI, FL 33122 | | Mailing Address 2830 NW 70TH AVE. MIAMI, FL 33122 | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 2830 NW 79TH AVE | | 3. Mailing Address 2830 NW 79TH AVE | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | |
| City & State MIAMI, FLA | | City & State MIAMI, FLA | | | | | | | | | | | | | | | | | | | | | |
| Zip 33122 | | Zip 33122 | | | | | | | | | | | | | | | | | | | | | |
| Country MIAMI - Dade | | Country MIAMI - Dade | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 02-0563441 | | 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 REGO, JOSE A 13441 SW 36 ST MIAMI, FL 33175 | | 7. Name and Address of New Registered Agent Name REGO, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 2830 NW 79TH AVE City MIAMI FL Zip Code 33122 | | | | | | | | | | | | | | | | | | | | | |
| 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 reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D <input type="checkbox"/> Delete NAME REGO, JOSE A STREET ADDRESS 13441 SW 36 ST CITY-ST-ZIP MIAMI, FL 33175 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;">TITLE <input type="checkbox"/> Delete</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME <input type="checkbox"/> Delete</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS <input type="checkbox"/> Delete</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP <input type="checkbox"/> Delete</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table> | | TITLE D <input type="checkbox"/> Delete NAME REGO, JOSE A STREET ADDRESS 13441 SW 36 ST CITY-ST-ZIP MIAMI, FL 33175 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D <input type="checkbox"/> Delete NAME REGO, JOSE A. STREET ADDRESS 2830 NW 79TH AVE CITY-ST-ZIP MIAMI, FLA 33122 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;">TITLE <input type="checkbox"/> Delete</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME <input type="checkbox"/> Delete</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS <input type="checkbox"/> Delete</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP <input type="checkbox"/> Delete</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table> | | TITLE D <input type="checkbox"/> Delete NAME REGO, JOSE A. STREET ADDRESS 2830 NW 79TH AVE CITY-ST-ZIP MIAMI, FLA 33122 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | CITY-ST-ZIP <input type="checkbox"/> Delete | <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 life empowered. | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE:  | | Date 8/4/04 (305) 591-4222 | | | | | | | | | | | | | | | | | | | | | |