

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109047

Entity Name: 215 BUILDING, CORP.

FILED
Feb 02, 2004
Secretary of State

Current Principal Place of Business:

C/O EDUARDO BOTTE
10295 COLLINS AVE #1027
BAL HARBOUR, FL 33154

Current Mailing Address:

C/O EDUARDO BOTTE
10295 COLLINS AVE #1027
BAL HARBOUR, FL 33154

New Principal Place of Business:

C/O EDUARDO BOTTE
10275 COLLINS AVE #830
BAL HARBOUR, FL 33154

New Mailing Address:

C/O EDUARDO BOTTE
10275 COLLINS AVE #830
BAL HARBOUR, FL 33154

FEI Number: 65-1152727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, DAVID ESQ
407 LINCOLN ROAD SUITE 701
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: BOTTE, EDUARDO F
Address: 10295 COLLINS AVENUE #1027
City-St-Zip: BAL HARBOUR, FL 33154

Title: DV () Delete
Name: PALEMO, MIGUEL ANGEL
Address: 10295 COLLINS AVENUE #1027
City-St-Zip: BAL HARBOUR, FL 33154

Title: DVT () Delete
Name: SEISDEDOS, ENRIQUE
Address: 10295 COLLINS AVENUE #1027
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: BOTTE, EDUARDO F
Address: 10275 COLLINS AVENUE #830
City-St-Zip: BAL HARBOUR, FL 33154

Title: DV (X) Change () Addition
Name: PALERMO, MIGUEL ANGEL
Address: 10275 COLLINS AVENUE #830
City-St-Zip: BAL HARBOUR, FL 33154

Title: DVT (X) Change () Addition
Name: SEISDEDOS, ENRIQUE
Address: 10275 COLLINS AVENUE #830
City-St-Zip: BAL HARBOUR, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOTTE EDUARDO F

DPS

02/02/2004

Electronic Signature of Signing Officer or Director

Date