

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90004 038 \*\*\*150.00

<b>DOCUMENT # P01000111625</b>					
<b>1. Entity Name</b> SEMPER FI ENTERTAINMENT, INC.					
<b>Principal Place of Business</b> 7031 SOUTHWEST 62ND AVENUE 5TH FLOOR SOUTH MIAMI, FL 33143			<b>Mailing Address</b> P.O BOX 432091 MIAMI, FL 33243		
<b>2. Principal Place of Business</b> 8600 SW 92 Street Suite, Apt. #, etc. #101 City & State Miami, FL Zip 33156 Country USA		<b>3. Mailing Address</b> P.O BOX 432091 Suite, Apt. #, etc. City & State Miami, FL Zip 33243 Country USA			
<b>4. FEI Number</b> 71-0872062		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> DIAZ-BOLANO, HERMAN 8200 MILLER DRIVE MIAMI, FL 33155			<b>7. Name and Address of New Registered Agent</b> Name <u>MALDONADO, MARIA</u> Street Address (P.O. Box Number is Not Acceptable) 8200 SW 56TH STREET City <u>MIAMI</u> FL Zip Code <u>33155</u>		
<b>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.</b> SIGNATURE <u>[Signature]</u> DATE <u>3/1/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP DIAZ, ERICK P.O BOX 432091 MIAMI, FL 33243 <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	VP DIAZ-BOLANO, HERNAN P O BOX 432091 MIAMI, FL 33243 <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	
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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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/1/04</u> Daytime Phone #		