
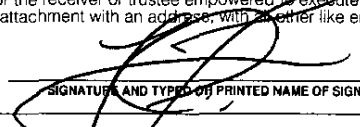


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90036 003 \*\*\*150.00

| <b>DOCUMENT # P01000120914</b><br>1. Entity Name<br><b>FLORIDA EMPLOYER SOLUTIONS, INC.</b>  |                       |   |   |                |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|--|-----------------------|---|---|---|--|----------------------------|--|--|---|--|--|-------|----------------------|---------------------------------|-------|--------------------|--|------|-------------|--|------|------------------------------|--|----------------|-----------------------|--|----------------|-----------------------|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|----------------|--|------|--|--|------|------------------|--|----------------|--|--|----------------|------------------------------|--|-------------|--|--|-------------|-----------------------|--|-------|--|---------------------------------|-------|-----------|--|------|--|--|------|-------------|--|----------------|--|--|----------------|------------------------------|--|-------------|--|--|-------------|-----------------------|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br><b>7523 ALOMA AVE.<br/>SUITE 202<br/>WINTER PARK, FL 32792</b>  |                       |   | Mailing Address<br><b>P.O. BOX 5532<br/>WINTER PARK, FL 32793</b>   |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business<br><b>1211 Semoran Blvd</b>   |                       | 3. Mailing Address<br><b>Suite 117</b>  |   |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State<br><b>Casselberry, Florida</b>  |                       | City & State<br><b>Casselberry, Florida</b>   |   | 4. FEI Number<br><b>26-0002433</b>  |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip<br><b>32707</b>  |                       | Country<br><b>Orange</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FERRER, LUIS<br/>7523 ALOMA AVE.<br/>SUITE 202<br/>WINTER PARK, FL 32792</b>   |                       |   | 7. Name and Address of New Registered Agent<br>Name <b>Ferrer, Luis</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1211 Semoran Blvd, Suite 117</b><br>City <b>Casselberry</b> <b>FL</b> Zip Code <b>32707</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.<br>SIGNATURE <b>Luis Ferrer</b> <span style="float: right;">03/31/04</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                       |   |   |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PSTD<br/>FERRER, LUIS</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PTD<br/>Luis Ferrer</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PO BOX 5532</td> <td></td> <td>NAME</td> <td>1211 Semoran Blvd, Suite 117</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>WINTER PARK, FL 32792</td> <td></td> <td>STREET ADDRESS</td> <td>Casselberry, FL 32707</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Vice President</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>Maria C. Legarda</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>1211 Semoran Blvd, Suite 117</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>Casselberry, FL 32707</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Secretary</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>Greia Perez</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>1211 Semoran Blvd, Suite 117</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>Casselberry, FL 32707</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                       |   |   |   |  | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | PSTD<br>FERRER, LUIS | <input type="checkbox"/> Delete | TITLE | PTD<br>Luis Ferrer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | PO BOX 5532 |  | NAME | 1211 Semoran Blvd, Suite 117 |  | STREET ADDRESS | WINTER PARK, FL 32792 |  | STREET ADDRESS | Casselberry, FL 32707 |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | Maria C. Legarda |  | STREET ADDRESS |  |  | STREET ADDRESS | 1211 Semoran Blvd, Suite 117 |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP | Casselberry, FL 32707 |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | Greia Perez |  | STREET ADDRESS |  |  | STREET ADDRESS | 1211 Semoran Blvd, Suite 117 |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP | Casselberry, FL 32707 |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS   |                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | PSTD<br>FERRER, LUIS  | <input type="checkbox"/> Delete   | TITLE   | PTD<br>Luis Ferrer  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   | PO BOX 5532           |   | NAME  | 1211 Semoran Blvd, Suite 117  |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | WINTER PARK, FL 32792 |   | STREET ADDRESS  | Casselberry, FL 32707   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   | Vice President  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                       |   | NAME  | Maria C. Legarda  |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                       |   | STREET ADDRESS  | 1211 Semoran Blvd, Suite 117  |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   | Casselberry, FL 32707   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   | Secretary   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                       |   | NAME  | Greia Perez   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                       |   | STREET ADDRESS  | 1211 Semoran Blvd, Suite 117  |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   | Casselberry, FL 32707   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                       |   | NAME  |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                       |   | STREET ADDRESS  |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                       |   | NAME  |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                       |   | STREET ADDRESS  |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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 or without like empowered.   |                       |   |   |   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>SIGNATURE:</b>   |                       | <b>Luis Ferrer</b>  |   | <b>03/31/04</b>   |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                       | <small>Date</small>   |   | <small>Daytime Phone #</small>  |  |                            |  |  |   |  |  |       |                      |                                 |       |                    |  |      |             |  |      |                              |  |                |                       |  |                |                       |  |             |  |  |             |  |  |       |  |                                 |       |                |  |      |  |  |      |                  |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |           |  |      |  |  |      |             |  |                |  |  |                |                              |  |             |  |  |             |                       |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |