

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000007608 1. Entity Name ADVANCED MIDDLEWARES, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 OCT -4 PM 1:29	
Principal Place of Business 6877 NW 179TH STREET #307 MIAMI, FL 33015				Mailing Address 6877 NW 179TH STREET #307 MIAMI, FL 33015			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 45-0478206				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent VASQUEZ, JOSE A 19644 NW 84TH CT. MIAMI, FL 33015			
7. Name and Address of New Registered Agent Name JORGE E. TERRERO Street Address (P.O. Box Number is Not Acceptable) 6877 NW 179th Street #307 City Miami FL Zip Code 33015				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 JORGE E. TERRERO PD 09.24.04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD TERRERO, JORGE E 17220 NW 64 AVE #114 MIAMI, FL 33015				TITLE NAME STREET ADDRESS CITY-ST-ZIP 300041564093 10/04/04--01028--005 **158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP V RODRIGUEZ, LUZ A 6877 NW 179TH STREET #307 MIAMI, FL 33015				TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP Change 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: Jorge E. Terrero PD, 09/24/04 (305) 819-4155 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							