FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90179 049 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000025107

1. Entity Name
PRODUCTS & BUSINESS CORP.

Principal Place of Business	Mailing Address
122 NE 204 STREET APT L19 MIAMI, FL 33179	122 NE 204 STREET APT L19 MIAMI, FL 33179

14020102

2. Principal Place of Business	3. Mailing Address
50 NW 204 St.	50 NW 204 St #9
Suite, Apt. # etc. # H9	Suite, Apt. # etc. MIAMI
City & State FLORIDA	City & State FLORIDA
Zip 33169 County DADE	Zip 33169 Country

04302004 Chg-P CR2E034 (10/03)

4. FEI Number 03-0410512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRIGNOLE, ROGELIO E 345 OCEAN DR APT 302 MIAMI BCH, FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________ DATE ________

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BRIGNOLE, ROGELIO E	
STREET ADDRESS	122 NE 204 STREET APT L19	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	FVD	☐ Delete
NAME	BRIGNOLE, EDUARDO PEREZ	
STREET ADDRESS	122 NE 204TH ST, APT L19	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	2VD	☐ Delete
NAME	BRIGNOLE, LUCAS PEREZ	
STREET ADDRESS	122 NE 204TH ST, APT L19	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	SD	☐ Delete
NAME	SUAREZ, LORENA	
STREET ADDRESS	122 NE 204TH ST., APT L 19	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	TD	☐ Delete
NAME	FONDO, RICARDO	
STREET ADDRESS	122 NE 204TH STREET APT L19	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: X Ricardo Fondo 4/27/04 (305-849-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #