


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000036861</b>		
1. Entity Name <b>ALTESSE, INC.</b>		

Principal Place of Business 10750 NW 66 STREET APT 307 MIAMI, FL 33178	Mailing Address 10750 NW 66 STREET APT 307 MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE

03192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3638343</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**IBARRA RIVERA, VIRGINIA DIANE**  
**10750 NW 66 STREET APT 307**  
**MIAMI, FL 33178**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>	<b>U000000125979</b> <b>04/23/04-80015-017 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IBARRA RIVERA, VIRGINIA DIANE 10750 NW 66 STREET APT 307 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBARRA RIVERA, CHRISTIAN 10750 NW 66 STREET APT 307 MIAMI, FL 33178
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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:** Virginia Rivera **V. IBARRA-RIVERA** Apr 21/04 305-468-8468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #