

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000041637

1. Entity Name
ORIENTE DIGGER CORPORATION



Principal Place of Business
**6461 SW 29TH STREET
MIAMI, FL 33155**

Mailing Address
**6461 SW 29TH STREET
MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0428911

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEYVA, CARLOS DANIEL
4320 SW 98 COURT
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when monitoring)

DATE _____

**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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DE LA TORRE, LUIS 6461 SW 29TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LEYVA, CARLOS DANIEL 4320 SW 98 COURT MIAMI, FL 33165
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05/13/04-80005-014 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-04

305-665-5169