


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90021 005 ***150.00

DOCUMENT # P02000053776		
1. Entity Name FFR FINCA RAIZ, INC.		

Principal Place of Business 19601 E. COUNTRY CLUB DRIVE APT. 508 AVENTURA, FL 33180	Mailing Address 19601 E. COUNTRY CLUB DRIVE APT. 508 AVENTURA, FL 33180
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44028346



2. Principal Place of Business <u>15137 SW 36th Street</u>	3. Mailing Address <u>15137 SW 36th Street</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State <u>DAVIE, FL</u>	City & State <u>DAVIE, FL</u>
Zip <u>33331</u>	Zip <u>33331</u>
Country	Country

4. FEI Number 02-0603684	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PERALTA, LUIS F 19601 E. COUNTRY CLUB DRIVE <u>15137 SW 36th Street</u> APT. 508 AVENTURA, FL 33180 <u>DAVIE, FL 33331</u>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <u>15137 SW 36th Street</u>	
City <u>DAVIE</u>	
FL	Zip Code <u>33331</u>

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DE PERALTA, BEATRIZ 19601 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>15137 SW 36th St.</u> <u>DAVIE, FL 33331</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PERALTA, LUIS F 19601 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>15137 SW 36th St.</u> <u>DAVIE, FL 33331</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE FAJARDO, MARIA V CALLE 72, NO 1-65, APT. 802 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u>	President	4/07/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #