2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90346 043 ***150.00

DOCUMENT # P02000061571

1. Entity Name
PRODUCTOS DEL PLATA, INC.

Principal Place of Business	Mailing Address
10275 COLLINS AVE. BAL HARBOUR, FL 33154	10275 COLLINS AVE. BAL HARBOUR, FL 33154

04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10275 Collins Ave	10275 Collins Ave
Suite, Apt. #, etc.: # 434	Suite, Apt. #, etc.: # 434
City & State: Bal Harbour,Fl	City & State: Bal Harbour, Fl
Zip: 33154 Country: Mimi-Dade	Zip: 33154 Country: Miami-Dade

4. FEI Number: 61-1417050 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, MARIA J
8941 S.W. 142ND AVE. #216
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: Fernandez, Maria Jose
Street Address (P.O. Box Number is Not Acceptable): 10275 Collins Ave # 434
City: Bal Harbour FL Zip Code: 33154

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: _____ Fernandez, Maria Jose 26/04/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERNANDEZ, MARIA J 8941 S.W.142ND AVENUE # 216 MIAMI, FL 33186	☒ Delete	Fernandez,Maria Jose 10275 Collins Ave # 434 Bal Harbour,Fl 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SANDOVAL, DAVID 8941 S.W. 142ND AVE. #216 MIAMI, FL 33186	☒ Delete	Sandoval, David 10275 Collins Ave # 434 Bal Harbour,Fl 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 04-26-04 786-357-8261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #