2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUI 1. Entity Nam BODEGO	# P0200006 O, INC.		Jan 31, 2004 08:00 AM Secretary of State								
Dunning Diag	a of Divisions		Mailin	a Address			-				
Principal Place of Business 5477 NW 72 AVE				Mailing Address 5477 NW 72 AVE							
MIAMI FL 33166				MIAMI FL 33166							
2. Mallag Address							_				
2. Principal Place of Business				3. Mailing Address							
Suite, Apt.	#, etc	Suite	Suite, Apt. #, etc.				MOORE	CR2E03	4 (11/03)	_ ·- ·-	
City & State				City & State			4. FEI Number 33-1011225 Applied For Not Applicable				
Zip	Zip Country		Zip	Zip Cou		itry	5. Certificate of Status Desired See Required Fee Required		litional ď		
6. Name and Address of Current Registered Agent							7. N	lame and Address of New R	egistered	Agent	
						Name					
NORIEGA, MELVIN 5477 NW 72 AVE						Street Address	fress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33166						· · · · · · · · · · · · · · · · · · ·	<u>.</u>			`	···-
				City			F	Zip Cod	e		
The above named entity submits this statement for the purpose of changing its registered office or register								ent, or both, in the State of Fig			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 reinstating) DATE											
FILE NOW!!! FEE IS \$150.00								9. Election Campaign Fir	ancina	&E 0	O o-
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund Contributio		☐ Added	O May Be I to Fees
10.	OFFICERS AND DIRECTORS				11.			DITIONS/CHANGES TO OFF	ICERS A		
TITLE	PD	MELVIN I		☐ Delete		TITLE NAME		U0000023861 □ Change □ Addition 02/02/04-80042-020 150.00			
NAME STREET ADDRESS	NORIEGA, MELVIN J ESS 5477 NW 72 AVE			- I		ET ADDRESS		02/02/04-80042-020 150.00			10
CITY-ST-ZIP	MIAMI FL 3	33166				CITY - ST - ZIP					
TITLE	TD			☐ Delete		nne				☐ Change	Addition
NAME STREET ADDRESS	NORIEGA, 5477 NW 7			N		T ADDRESS					
GITY-ST-ZIP	MIAMI FL					-ST-ZIP					
TITLE	SD			☐ Delete		TITLE		······································	····	Change	Addition
NAME	NORIEGA, MELVIN F				NAM	- 1					
STREET AODRESS CITY+ST-ZIP	5477 NW 77 AVE. MIAMI FL 33166			STREET ADDRESS CITY-ST-ZIP							
TITLE	MIAMITES	33100		☐ Delete	TITL					☐ Change	☐ Addition
NAME				Dejete	NAM	-					
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	ļ					-ST-ZIP					C 6 dd bar
HTLE NAME				LLi Delete	TITL	I				☐ Change	Addition
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP					CITY	-ST-Z/P					
TITLE				☐ Delete	TITL	1				Change	☐ Addition
NAME STREET ADDRESS				NAN STR		NE EFT ADDRESS					
CITY-ST-ZIP					1	-ST-ZIP					
47 11	certify that the	e Information supplie	ed with this filing	does not qualify f	or the exe	emption stated in S	Section	119.07(3)(i), Florida Statutes.	I further o	ertify that the i	nformation
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 business made 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.)											

Beamay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: **Z**

FILED

1/28/2004 (305) 863-6388