


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000085754 1. Entity Name FLOSAN CORPORATION	
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Principal Place of Business 199 SW 12TH AVE., SUITE 11 MIAMI, FL 33130-1056	Mailing Address 199 SW 12TH AVE., SUITE 11 MIAMI, FL 33130-1056
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1841298	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 OYARCE, JORGE E 199 SW 12TH AVE., SUITE 11 MIAMI, FL 33130-1056

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT OYARCE, JORGE E 8615 NW 8TH ST., #219 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS CASIELLES, PATRICIA E 8615 NW 8TH ST., #219 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BUNSTER, CLAUDIO 8615 NW 8TH ST., #219 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000150851 05/04/04-80024-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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.
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/29/04	Daytime Phone # 305-334-2248
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