

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094813

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: NINETYNINE.NINE% CORP.

## Current Principal Place of Business:

19575 BISCAYNE BLVD #1945  
AVENTURA, FL 33180

## New Principal Place of Business:

## Current Mailing Address:

19575 BISCAYNE BLVD #1945  
AVENTURA, FL 33180

## New Mailing Address:

FEI Number: 27-0033894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELGADO, MARIA  
8967 NW 39 STREET  
COOPER CITY, FL 33024 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MANRIQUE, VICTOR A  
Address: 1883 HARBOR POINT CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: V ( ) Delete  
Name: DELGADI, CARLOS  
Address: 8967 NW 39 STREET  
City-St-Zip: COOPER CITY, FL 33024

Title: S ( ) Delete  
Name: CONDE, HUGO E  
Address: 312 MINORCA AVE  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: DELGADO, CARLOS  
Address: 8967 NW 39 STREET  
City-St-Zip: COOPER CITY, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS DELGADO

V

04/28/2004

Electronic Signature of Signing Officer or Director

Date