2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-07-2004 90002 041 ***150.00

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DOCUMENT # P02000096217

1. Entity Name
HOLY TRACE PUBLICATIONS, CORP

Principal Place of Business	Mailing Address
9843 SW 1ST ST MIAMI, FL 33174	9843 SW 1ST ST MIAMI, FL 33174

03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2292957
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PILOTO, ROLANDO
7115 SW 149TH CT
MIAMI, FL 33193

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD
NAME	PILOTO, ROLANDO
STREET ADDRESS	7115 SW 149TH CT
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	VD
NAME	DEL SOL, MARIA ESTHER
STREET ADDRESS	7115 SW 149TH CT
CITY-ST-ZIP	MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Piloto, Rolando-PD 9843 S.W. 1st Street Miami, Fl. 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Del Sol, Maria Esther-VD 9843 S.W. 1st Street Miami, Fl. 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Maria Del Sol MARIA ESTHER Del Sol 04-01-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #