2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004
Secretary of State

DOCUMENT# P02000098273

Entity Name: J.A. INBERJES, CORP.

Current Principal Place of Business:

P.O. BOX 720394
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 720394
MIAMI, FL 33172

New Mailing Address:

FEI Number: 73-1658363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOS ANGELES DE POMBO, MARIA DE
7500 NW 25 STREET
SUITE #200
MIAMI, FL 33122 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: SD ( ) Delete
Name: MOLINARES, CARMEN C
Address: 7500 N.W. 25TH STREET, SUITE #200
City-St-Zip: MIAMI, FL 33122

Title: PD ( ) Delete
Name: LOS ANGELES DE POMBO, MARIA DE
Address: 7500 N.W. 25TH STREET, SUITE #200
City-St-Zip: MIAMI, FL 33122

Title: VD (X) Delete
Name: POMBO, ERNESTO J
Address: 7500 NW 25 STREET SUITE #200
City-St-Zip: MIAMI, FL 33122

Title: VD (X) Delete
Name: POMBO, JOSE A
Address: 7500 NW 25 STREET SUITE #200
City-St-Zip: MIAMI, FL 33122

Title: VD (X) Delete
Name: POMBO, JAIME
Address: 7500 NW 25 STREET SUITE #200
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARIA DE LOS ANGELES DE POMBO PD 03/18/2004

Electronic Signature of Signing Officer or Director — Date