


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90375 013 ***150.00

DOCUMENT # P02000104480

1. Entity Name
2321 FI CORP.



Principal Place of Business Mailing Address

C/O HEATHER A. RUTECKI, ESQ. **C/O HEATHER A. RUTECKI, ESQ.**
100 SE 2 ST 34 FLR **100 SE 2 ST 34 FLR**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04122004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

75-3112900 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUTECKI, HEATHER A ESQ.
C/O RUTECKI & ASSOCIATES, P.A.
100 SE 2 ST 34 FLR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **Alvaro Castillo**

Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Av, Suite 200

City **Miami** FL Zip Code **33131**

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 **4-12-04**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOBEDO, ALEJANDRO M	NAME	Alejandro M. Escobedo
STREET ADDRESS	2321 FISHER ISLAND DR	STREET ADDRESS	2321 Fisher Island Drive
CITY-ST-ZIP	MIAMI, FL 33109	CITY-ST-ZIP	Miami, FL 33109
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, ALVARO	NAME	
STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	-V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Maria Eugenia Escobedo Campos
STREET ADDRESS		STREET ADDRESS	2321 Fisher Island Drive
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33109
TITLE	<input type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Victor Manuel Montañez Escobedo
STREET ADDRESS		STREET ADDRESS	2321 Fisher Island Drive
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33109
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ DATE **4-12-04** (305) 371-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Alejandro Escobedo **4-12-04** **(305) 371-5540**
President