


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90535 043 ***150.00

DOCUMENT # P02000106578	
1. Entity Name ETERNAL MEMORIES CASKETS, CORP	

Principal Place of Business 780 NW 42 AVENUE SUITE #2 MIAMI FL 33126 US	Mailing Address 780 NW 42 AVENUE SUITE #2 MIAMI FL 33126 US
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2. Principal Place of Business 6135 NW 167 Street	3. Mailing Address 6135 NW 167 Street
Suite, Apt. #, etc. E-13	Suite, Apt. #, etc. E-13

City & State Miami FL	City & State Miami FL
Zip 33015	Country 33015

	
MOORE	CR2E034 (11/03)
4. FEI Number 57-1145367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, MODESTO R MR 780 NW 42 AVENUE #2 MIAMI FL FL 33126	
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7. Name and Address of New Registered Agent Name Gonzalez, Modesto R MR Street Address (P.O. Box Number is Not Acceptable) 6135 NW 167 Street E-13 City Miami FL Zip Code 33015	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	P GONZALEZ, MODESTO R MR 780 NW 42 AVENUE #2 MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PUENTES, JUAN A MR 780 NW 42 AVENUE #2 MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gonzalez, Modesto R MR 6135 NW 167 Street E-13 Miami FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Puentes, Juan A MR 6135 NW 167 Street E-13 Miami FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Modesto R. Gonzalez  04-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #