


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90308 022 ***158.75

DOCUMENT # P02000107347

1. Entity Name
JUVENZIA, CORP.



Principal Place of Business
780 NW 42 AVE., SUITE 420
MIAMI, FL 33126

Mailing Address
780 NW 42 AVE., SUITE 420
MIAMI, FL 33126

94049629

2. Principal Place of Business
780 NW 42 Ave.
Suite, Apt. #, etc.
516
City & State
Miami FL
Zip
33126
Country

3. Mailing Address
780 NW 42 Ave.
Suite, Apt. #, etc.
516
City & State
Miami FL
Zip
33126
Country

02242004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0769097

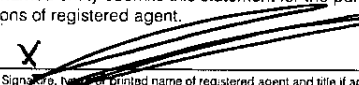
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MAZZA-MARTINEZ, TANIA A
780 NW 42 AVE., SUITE 420
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name
Aurelio A. Piedra
Street Address (P.O. Box Number is Not Acceptable)
780 NW 42 Ave
516
City
Miami FL Zip Code
33126

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.

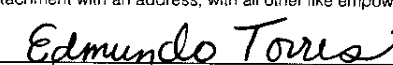
SIGNATURE  Aurelio A. Piedra 2/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOMAS TORRES, EDMUNDO 780 NW 42 AVE., SUITE 420 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENRIQUEZ, DULCE 780 NW 42 AVE., SUITE 420 MIAMI, FL 33126 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Edmundo Torres 4/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #