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2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/23/2004-90220-017-$150.00-$150.00

FILED
04 MAY 13 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000110628

1. Entity Name
8354 CORPORATION

Principal Place of Business	Mailing Address
17 HARBORAGE ISLAND FT LAUDERDALE, FL 33316	17 HARBORAGE ISLAND FT LAUDERDALE, FL 33316

2. Principal Place of Business	3. Mailing Address
1911 HARRISON Street	1911 HARRISON street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FLORIDA	City & State: Hollywood, FLORIDA
Zip: 33020 / Country: U.S.A	Zip: 33020 / Country: U.S.A

03122004 Chg-P CR2E034 (10/03) TR

4. FEI Number: APPLIED FOR — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGISTERED AGENTS OF FLORIDA LLC 100 S E 2ND STREET SUITE 2900 MIAMI, FL 33131	Name: Grisales and Jacobs, LLP Street Address (P.O. Box Number is Not Acceptable): 1911 HARRISON Street. City: Hollywood FL Zip Code: 33020

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 _____ 04-21-04
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: PSD NAME: DE LARA, GLADYS V STREET ADDRESS: 17 HARBORAGE ISLAND CITY-ST-ZIP: FT LAUDERDALE, FL 33316	☐ Delete	TITLE: PSD NAME: DE LARA, GLADYS V STREET ADDRESS: 1911 HARRISON Street CITY-ST-ZIP: Hollywood, FL 33020	☒ Change ☐ Addition
TITLE: VD NAME: VALENTINER, MARIA L STREET ADDRESS: 17 HARBORAGE ISLAND CITY-ST-ZIP: FT LAUDERDALE, FL 33316	☐ Delete	TITLE: VD NAME: LARA V MARIA STREET ADDRESS: 1911 HARRISON Street. CITY-ST-ZIP: Hollywood FL 33020	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF DECLARING OFFICER OR DIRECTOR Date Daytime Phone #

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Form **W-7**
(Rev. December 17, 2003)
Department of the Treasury
Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

▶ See instructions.
▶ For use by individuals who are not U.S. citizens or permanent residents.

OMB No. 1545-1483

An IRS individual taxpayer identification number (ITIN) is for Federal tax purposes only.

FOR IRS USE ONLY

Before you begin:

- *Do not submit this form if you have, or are eligible to obtain, a U.S. social security number (SSN).*
- *Getting an ITIN does not change your immigration status or your right to work in the United States and does not make you eligible for the earned income credit.*

Reason you are submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e,** or **g,** you must file a tax return with Form W-7 unless you meet one of the exceptions (see instructions).

a ☐ Nonresident alien required to obtain ITIN to claim tax treaty benefit
b ☑ Nonresident alien filing a U.S. tax return and not eligible for an SSN
c ☐ U.S. resident alien (based on days present in the United States) filing a U.S. tax return and not eligible for an SSN
d ☐ Dependent of U.S. citizen/resident alien
e ☐ Spouse of U.S. citizen/resident alien
} Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶
f ☐ Nonresident alien student, professor, or researcher filing a U.S. tax return and not eligible for an SSN
g ☐ Dependent/spouse of a nonresident alien visa holder
h ☐ Other (see instructions) ▶

Additional information for a and f: Enter treaty country ▶ and treaty article number ▶

Name (see instructions)

1a First name: GLADIS — Middle name: OMAIRA — Last name: VALENTINER.

Name at birth if different ▶

1b First name: N/A — Middle name: N/A — Last name: N/A.

Applicant's foreign address (see instructions)

2 Street address, apartment number, or rural route number. **Do not use a P.O. box number.**
AVENIDA JUAN USLAR # 108-80 QUINTA MM.

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
VALENCIA — VENEZUELA

Mailing address (if different from above)

3 Street address, apartment number, or rural route number. If you have a P.O. box, see page 4.
SAME

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
SAME

Birth information

4 Date of birth (month, day, year): 10 / 09 / 1948 — Country of birth: VENUEZUELA — City and state or province (optional): VEJUMA

5 ☐ Male ☑ Female

Other information

6a Country(ies) of citizenship: VENEZUELA — 6b Foreign tax I.D. number (if any): N/A — 6c Type of U.S. visa (if any), number, and expiration date: B1-B2 07-24-2011

6d Identification document(s) submitted (see instructions)
☑ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other
Issued by: No.: 3919728 Exp. date: 12 / 11 / 05 Entry date in U.S. / /

6e Have you previously received a U.S. temporary Taxpayer Identification Number (TIN) or Employer Identification Number (EIN)?
☑ **No/Do not know.** Skip line 6f.
☐ **Yes.** Complete line 6f. If you need more space, list on a sheet and attach to this form (see instructions).

6f Enter: TIN or EIN ▶ and
Name under which it was issued ▶

6g Name of college/university or/company (see instructions) N/A
City and State — Length of stay

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN), including any previously assigned taxpayer identifying number.

Signature of applicant (if delegate, see instructions) — Date (month, day, year): 03/30/04 — Phone number: (954) 929-0679

Keep a copy of this form for your records.

Name of delegate, if applicable (type or print): N/A — Delegate's relationship to applicant ▶ ☐ Parent ☐ Court-appointed guardian ☐ Power of Attorney

Acceptance Agent's Use ONLY

Signature — Date (month, day, year): / / — Phone ( ) — Fax ( )

Name and title (type or print) — Name of company — EIN

ATTACHMENT

#P0200001106 28

PS 383

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

International Revenue Service
Philadelphia Service Center
ITIN Unit.
P.O Box 447
Bensalem, PA 19020

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (*Printed Name*) RECEIVED IRS

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

APR 13 2004

BENSALEM, PA 19020

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7002 2030 0005 9199 5282

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540