

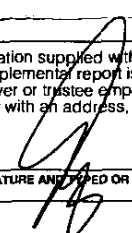


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-26-2004 90053 022 ***150.00

DOCUMENT # P02000110633 1. Entity Name 267 EAST CORP.					
Principal Place of Business 1266 SW 125 CT MIAMI, FL 33184			Mailing Address 1266 SW 125 CT MIAMI, FL 33184		
2. Principal Place of Business 4243 NW 107 AVE. Suite, Apt. #, etc. # 131		3. Mailing Address 4243 N.W. 107 AVE. Suite, Apt. #, etc. # 131			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		01152004 Chg-P CR2E034 (10/03)	
Zip 33178		Country USA		4. FEI Number 01-0747272	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FIGALLO, LISBETH 1266 SW 125 CT MIAMI, FL 33184			7. Name and Address of New Registered Agent Name ELOY ALBARRAN Street Address (P.O. Box Number is Not Acceptable) 6773 N.W. 109 AVE. City MIAMI FL Zip Code 33178		
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: ELOY ALBARRAN D.P. DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP ALBARRAN, ELOY 1266 SW 125 CT MIAMI, FL 33184	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGALLO, LISBETH 1266 SW 125 CT MIAMI, FL 33184	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALBARRAN, ELOY 4243 NW 107 AVE #131 MIAMI, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBARRAN, DAVID 4243 NW 107 AVE #131 MIAMI, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					