## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P02000112185** 04-19-2004 90346 038 \*\*\*150.00 1. Entity Name BLANCA LUZ ENTERPRISES, INC. Principal Place of Business Mailing Address 7802 KINGSPOINTE PARKWAY 28087-28089 HIGHWAY 27 24047763 DUNDEE, FL 33838 SUITE #207-B ORLANDO, FL 32819 211 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 CR2E034 (10/03) A-405 # City & State City & State 4. FEI Number Applied For 47-0892994 Not Applicable Zip Country Zìo Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) J:A.O: SERVICES: INC 7802 KINGSPOINTE PARKWAY SUITE #207-B ORLANDO, FL 32819 1759 Big Oak lane Zip Code 34746 City <u> Fissimmee</u> 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. 41,5104 SIGNATURE-(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME GUERRERO, BLANCA LUZ NAME STREET ADDRESS 1759 BIG OAK LANE STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE GUERRERO, LUIS F NAME NAME STREET ADDRESS 1759 BIG OAK LANE STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP-CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE 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)(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.

Sugreso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #