2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000116086

1. Entity Name
SIERRA-ARAGON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
199 OCEAN LN DR #608 S KEY BISCAYNE, FL 33149	199 OCEAN LN DR #608 S KEY BISCAYNE, FL 33149

03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIERRA, JUAN P
199 OCEAN LN DR #608 S
KEY BISCAYNE, FL 33149

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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 _____
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

000000142921
04/30/04-80071-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIERRA, JUAN P
STREET ADDRESS	199 OCEAN LN DR #608 S
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	DV
NAME	ARAGON, FERNANDO
STREET ADDRESS	AV.EL JORDAN FRENTE AL PARQUE DEPORTIVO
CITY-ST-ZIP	IBAGUE TOLIMA, COLOMBIA, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ April 05, 2004 - 305-3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #