2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNAT

Secretary of State **ANNUAL REPORT** 05-10-2004 90467 041 ***150.00 DOCUMENT # P02000123888 WE VEND FOR YOU, CORP. Principal Place of Business Mailing Address 24074157 10907 NW 43RD STREET 10907 NW 43RD STREET SUNRISE, FL 33351 SUNRISE, FL 33351 Principal Place of Business Mailing Address 85th was 3410 NW 80 05052004 Cha-P CR2E034 (10/03) Applied For 4. FEI Number 13-4221813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH K. NOFIL, P.A Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 Zip Code 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) 9. Election Campaign Financing FILE NOW!!! .FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 🔧 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ---- OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. --- ---11. **PSTD** ☐ Delete TITLE Change ☐ Addition NAMĖ SALAS, CARLOS MR. NAME 3410 NW 85th Way # 107 STREET ADDRESS STREET ADDRESS 19997 NW 43RD STREET SUNRISE, FL 33351 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change □ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the first rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director an ownered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the statutes in the 12.-I hereby certify that the information supplied indicated on this report or supplemental lapt of the corporation or the receiver by truster changed, or on an attachment

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 10, 2004 8:00 am