2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of State		
DOCUMENT # P02000124419				secretary or state	
1. Entity Name TRUJILLO BROTHERS OF MIAMI-DAD	E CORP.				
Principal Place of Business	Aailing Address	·	4	_	
	1100 NW 23RD ST. MIAMI, FL 33127				
Capacity 15 20127	5 13 12 73 12 7		18 32 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	###	}
	<u></u>	· · · · · · · · · · · · · · · · · · ·			
DO NOT WRITE IN THIS SPAC		CE	04070004	No Cha B	
			01072004	No Chg-P CR2E034 (10/03)	
			4. FEI Number 43-198		
			5. Certificate	of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Regi	stered Agent		-		
MULLIN, TERRANCE J			DΩ	NOT WRITE	
3059 GRAND AVE. STE. 340					
MIAMI, FL 33133			IN	THIS SPACE	
		<u></u>			
 The above named entity submits this statement for the the obligations of registered agent. 	purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Florida. I am familiar with, and acc	:ept
SIGNATURE	<u> </u>				
Sugnature typed or printed name of registered agent and title if applicable (NOTF Registered Agent argumere			d when remetating)	CAZE.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			.00 May Be led to Fees	00000093161 03/22/04-80007-004 150.0	0
16. OFFICERS AND DIRE	CTORS				
NAME TRUJILLO, LUCAS JR					
GIFFEFF ADDRESS 1100 NW 23RD ST. GIFF ST-ZIF MIAME, FL 33127		1			
MILE VID		1			
NAME TRUJELO, ALBERTO STREET ADDRESS 1100 NW 23RD ST.		l			
City St ZIP MIAMI, FL 33127		_			
INLE NAME					
STREET ADDRESS			DO	NOT WRITE	
PULTE CITA - 23 - 516					
NAME			IN THIS SPACE		
SIBELI ADDRESS CITY-SI 2IP					
HILE					
NAME STREET AUDRESS		1			
Cita 21-5/6		-			
UPLE MANNE					
STREET ADDRESS		1			

12. Thereby certify that the information supplied with this filling 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 of supplemental report is true and execute 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 507, 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 AND TYPED OR PRINTED NAME OF SIGN