

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90033 010 \*\*\*150.00

<b>DOCUMENT # P02000129407</b>					
1. Entity Name <b>MI ESTRELLA MULTI SERVICE, CORPORATION</b>					
Principal Place of Business <b>3401 NW 32ND AVENUE MIAMI, FL 33142</b>			Mailing Address <b>3401 NW 32ND AVENUE MIAMI, FL 33142</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>56-2311893</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DEL LA CRUZ, MIGUEL 1617 NW 16TH TERRACE MIAMI, FL 33126</b>			Name <b>De La Cruz, Miguel</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>3339 NW 33rd Street</b>		
			City <b>Miami,</b>		FL
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:  DATE: <b>04/02/04</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DEL LA CRUZ, MIGUEL</b>	NAME	<b>De La Cruz, Miguel</b>		
STREET ADDRESS	<b>1617 NW 16 TERRACE</b>	STREET ADDRESS	<b>3339 NW 33rd Street</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	CITY-ST-ZIP	<b>Miami, Florida 33142</b>		
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DE LEON, MARIKYN</b>	NAME	<b>De Leon, Marilyn</b>		
STREET ADDRESS	<b>225 NE 23 STREET NO 1312</b>	STREET ADDRESS	<b>225 NE 23 Street No.1312</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33137</b>	CITY-ST-ZIP	<b>Miami, Florida 33137</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		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.					
SIGNATURE: 		DATE: <b>04/02/04</b>		DAYTIME PHONE #: <b>305-6344413</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					