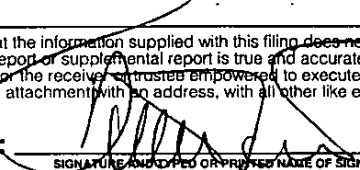


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90044 013 ***150.00

DOCUMENT # P03000001924 1. Entity Name POSTRES AND POSTRES, INC.					
Principal Place of Business 8910 SW 113 PLANE CIRCLE MIAMI, FL 33176			Mailing Address 8910 SW 113 PLANE CIRCLE MIAMI, FL 33176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 16-1648275	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARQUEZ, FIDEL M 8910 SW 113 PLANE CIRCLE MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARQUEZ, FIDEL M 8910 SW 113 PLANE CIRCLE MIAMI, FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PRADA-GOMEZ, LILIANA T 8910 SW 113 PLANE CIRCLE MIAMI, FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - - - - - - - - -	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - - - - - - - - -	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - - - - - - - - -	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - - - - - - - - -	☐ Delete			
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, trustee or 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:  Fidel Marquez 3-11-05 7865542738					