.2004 FOR PROFIT CORPORATION ANNUAL REPORT

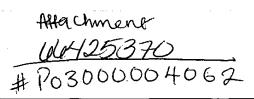
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 01, 2004 8:00 am Secretary of State DOCUMENT # P03000004062 1. Entity Name 04-30-2004 90296 047 ***150.00 PACAREX CORP. Principal Place of Business Mailing Address 2503 A NW 72 AVE. 2503 A NW 72 AVE. 66425370 MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202003 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 166418 20-1 Not Applicable Zip Country Country \$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 Name BRAND, LUIS C MR Street Address (P.O. Box Number is Not Acceptable) 2503 A NW 72 AV. MIAMI, FL 33122 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ■ Addition TITLE ☐ Delete Charge BRAND, LUIS C MR NAME NAME 2503 A NW 72 AVE. STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST: ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 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.

FILED

305-463-9614



Form SS-4 Application for Employer Identification Number						EIN		
(Rev. December 2001) (For use by employers, corporat				ns, partnerships, trusts, estates, churches, ul entities, certain individuals, and others.)		20-1166518		
Tmanun				line. Keep a copy for your records.		OMB No. 1545-0003		
1* Legal name of entity (or individual) for whom the EIN is being requested PACAREX CORP								
				3 Executor, trustee, *care o	3 Executor, trustee, "care of" name NONF			
4a* Mailing		t., suite no. and street, or		5a Street address (if different) (Do not enter a P.O. box)				
4b* City, s MIAM	tate, and ZIP code I FL 33122 -			5b City, state, and ZIP code				
6* County and state where principal business is located County MIAMI DADE State FL								
7a* Name		eneral partner, grantor,	owner, or trustor	7b* SSN, ITIN, EIN 593-91-9474				
8a* Type	of entity (check only or oprietor (SSN)	one)	- 110	Estate (SSN of decedent)				
Partnership Corporation (enter form number to be filed) P03000004062 In Trust (SSN of grants and number to be filed) P03000004062 In Astional Guard Personal Service Church or church-controlled organization Other nonprofit organization (specify) Group Exemption N0. (6) Other (specify)					State/local Federal gov	State/local government Federal government/military Indian tribal government/enterprises		
8b* If a co	8b* If a corporation, name the state or foreign country State (If applicable) where incorporated FL				Foreign countr	Foreign country		
9* Reason for applying (check only one) Banking purpose (specify purpose) Changed type of organization (specify new type) Changed type of organization (specify new type) Purchased going business Created a trust (specify type) Compliance with IRS withholding regulations Other (specify)								
10* Date business started or acquired (month, day, year) JAN 13 2003 11* Closing month of accounting year DEC								
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)								
13 Highest number of employees expected in the next twelve months Note :If the applicant does not expect to have any employees during the period, enter "-0-"						Household 0	Other 0	
14* Check box that best describes the principal activity of your business Construction Rental & leasing Transportation & warehousing Real estate Manufacturing Finance & insurance Retail								
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. GENERAL MERCHANDISE								
.16a*. Has the applicant ever applied for an employer identification number for this or any other business?								
	checked "Yes" on lin		legal name and trac	de name shown on prior application	on if different from lir	ne 1 or 2 above.		
16c Appro	**		the application was City and state where	s filed. Enter previous employer id e filed	dentification number Previous EIN	if known.		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form								
Third Party Designee	Designee's name RICARDO MARTII Address and ZIP co	NEZ_		Designee's telephone number (include area code) (305) 558 - 4947 Designee's fax number (include area code) (305) 821 - 9794				
	lties of perjury, I declare			best of my knowledge and belief, it is		lephone number (ir	ncluda area code)	
						94 - 4774 x number (include area code)		
						(305) 463 - 9614		