

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-05-2004 90009 050 \*\*\*150.00

44015301



03012004 Chg-P CR2E034 (10/03)

4. FEI Number  
32-0054032

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GONZALEZ, LUIS E JR  
19 WEST FLAGLER STREET  
600  
MIAMI, FL 33130

## 7. Name and Address of New Registered Agent

Name  
**MORALES, JOHNNY A**  
Street Address (P.O. Box Number is Not Acceptable)  
**3191 CORAL WAY**  
**STE 701**  
City  
**MIAMI** FL Zip Code  
**33131**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | P                            | <input type="checkbox"/> Delete |
| NAME           | MORALES, JOHNNY A            |                                 |
| STREET ADDRESS | 19 WEST FLAGLER STREET, #600 |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33130              |                                 |
| TITLE          | VP                           | <input type="checkbox"/> Delete |
| NAME           | CESTARI, JORGE A             |                                 |
| STREET ADDRESS | 19 WEST FLAGLER STREET, #600 |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33130              |                                 |
| TITLE          | S                            | <input type="checkbox"/> Delete |
| NAME           | MADERA, WILSON A             |                                 |
| STREET ADDRESS | 19 WEST FLAGLER STREET, #600 |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33130              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | <b>3191 CORAL WAY. STE 701</b>   |
| CITY-ST-ZIP    | <b>MIAMI FL 33131</b>  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | <b>3191 CORAL WAY. STE 701</b>   |
| CITY-ST-ZIP    | <b>MIAMI FL 33131</b>  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | <b>3191 CORAL WAY. STE 701</b>   |
| CITY-ST-ZIP    | <b>MIAMI FL 33131</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #