## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P0300000	A Commence of the Commence of	T),		05-03-2004 90453 018 ***150.00	
Principal Place of Business Mailing Address						
7240 NW 1ST STREET 7240 NW 1ST STREET						
PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 3			33024			
i.					A PERIOTAL MI PRIOT HALL FRANCE BONG BONG BONG HOSTEL GRADE HALL FORCES IN 1880	
Principal Place of Business     3. Mailing Address			-			
Suite Apt #. etc					I SOOMEDI TII BRIDS IIIK BEIN DOM BON SON SON SON SON SON SON SON SON SON S	
Suite; Apt	Suite, Apt. #; etc:	uite, Apt. #, etc:		04302004 Chg-P CR2E034 (10/03)		
City & State City & State					4. FEI Number . Applied For	
Only a state					27-0044279 Not Applicable	
Žip	Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional	
					Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
FERNANDEZ, GUSTAVO				TVAIN O		
7240 NW 1ST STREET				Street Address (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES, FL 33024				1	100000000000000000000000000000000000000	
1 m			_	Cin		
The state of the s				7.4	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_	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	Registere	d Agent signature req	uired when reinstating) DATE	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550				\$5:00 May Be Added to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ~	D EEDMANDEZ CUSTAVO	☐ Delete	TITL		☐ Change ☐ Addition	
NAME STREET ADDRESS	FERNANDEZ, GUSTAVO 7240 NW 1ST STREET	دوافل بالرابان ال	NAM STRI	EET ADDRESS コン	RUANDES, GUSTAVO	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	Me dayor cating days yie apartic			MARONE DIVES, FL 33 024	
TITLE	D	☐ Delete	TITL		Change	
NAME	FERNANDEZ, DORIS		NAM	∉ . F€	RUAUDES, DORIS	
STREET ADDRESS	7240 NW 1ST STREET		E	EET ADDRESS 72	40 JW IST STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		-		EMBROKE PINES, FL 33024	
TITLE	D FERNANDEZ, DAUARYS	☐ Delete	TITL		RUANDES, DamaRys	
STREET ADDRESS	7240 NW 1ST STREET		1 - 41		40 NM 1ST STreet	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		1		MBROKE PINGS FL 33 024	
TITLE	Ç :	☐ Delete	TITL	E D	Change Maddition	
NAME			NAM		RNANDEZ, ZURISADAI	
STREET ADDRESS	,	ç4 ·		EET ADDRESS 72	40 UW IST STREET	
CITY-ST-ZIP		The same of the sa			MBROKE-PINES-FL-33024	
TITLE NAME		☐ Delete	TITL	1	☐ Change ☐ Addition	
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			City	/-ST-ZIP		
TITLE		☐ Delete	ŦITL	E	☐ Change ☐ Addition	
NAME			NAA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		AL ALCO PIPE - 1	_	/-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 the corporation or the receiver of the provided in the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation o						

4/30/04