2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 01, 2004 8:00 am Secretary of State

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| Suite, Apt. e. etc. Suite, Apt. e. etc. 01062004 Chg.P CR2E034 (10) | pplied For tot Applicable Iditional | | | - 1 | - | UNIT 8 | | NIT 8 |
| City & State City & Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip City FL Z | pplied For tot Applicable Iditional | CR2E034 (10/03) | | I THURSDAY ILL MOURE AREA EDAS | | 3. Mailing Address | ness | Principal Place of Busin |
| Signature Sign | ot Applicable | | Chg-P CR2E03 | 01062004 Chg-F | | Suite, Apt. #. etc. | | Sulte, Apt. *, etc. |
| 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City City FL Zip 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fortide. 1 am familiar the obligations of registered agent. SignaTure Si | | | 73977 | 4. FEI Number 7397 | | City & State | | City & State |
| MOREIRA, FELIX 1540 NW 15 AVE MIAMI, FL 33125 Street Address (P.O. Box Number is Not Acceptable) City City City FL Zip City City FL Zip And City FL ADDITIONS/CHANGES to OFFICERS AND DIRECTORS City FL ADDITIONS/CHANGES City FL ADDITIONS/CHANGES City FL AD | . <u>-</u> | See Required | | 5. Certificate of Status D | Country | Zip | Country | Zip |
| MOREIRA, FELIX 1540 NW 15 AVE MIAMI, FL 33125 Street Address (P.O. Box Number is Not Acceptable) City FL Zip 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE Signature, spield or printed name of registered agent and title if applicable PILE NOWILL FEE IS \$450.00 ARE FILE NOWILL FEE IS \$450.00 ARE May 1, 2004 Fee wrill be \$550.00 Trust Fund Contribution. Delete MOREIRA, FELIX SIREET ADDRESS 11540 NW 15 SX AVENUE. CITY-ST-2P MIAMI, FL 33125 TILE MAKE RODRIGUEZ, AGUERO STREET ADDRESS 1540 NW 15 ST STREET ADDRESS | | gistered Agent | Address of New Registered A | 7. Name and Address o | Name | Registered Agent | and Address of Current I | 8. Name |
| City FL Zip 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. 1 am familiar the obligations of registered agent. Signature Sepataria, hybrid or private name of registered agent and tale if applicable. FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15.00 May Be Added to Fees Added to Fees MOREIRA, FELIX STREET ADDRESS CITY-ST-2P MIAMI, FL 33125 TITLE TITLE Delate TITLE DELATE THE DELATE THE TITLE THE | | | r is Not Acceptable) | (P.O. Box Number is Not Ac | | | - | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE Signatura, hybrid of printed name of registered agent and tale if applicable. PATE Registered Agent signature regulated when renorating) OATE FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campsign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITTLE NAME STREET ADDRESS CITY-ST-ZP MIAMI, FL 33125 ITTLE NAME STREET ADDRESS CITY-ST-ZP MIAMI, FL 33125 CITY-ST-ZP MIAMI, FL 33125 CITY-ST-ZP MIAMI, FL 33125 CITY-ST-ZP TITLE Oelds TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Oelds TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Oelds TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Oelds TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Oelds TITLE OElds TITLE OElds TITLE OElds TITLE OElds TITLE OElds TITLE OElds TITLE OElds TITLE OElds TITLE OElds TITLE OElds TITLE OElds TITLE OELDS TITL | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | , | | |
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| MAME STREET ADDRESS - STREET ADDRESS - | | | | - | _TITLE | | | AME TREET ADDRESS ITY- ST-ZIP ITLE AME TREET ADDRESS |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that 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 and of the corporation or the receiver or invisite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block changed, or on an attachment with an address, with all other like empowered. SIGNATURE: X BULLIA MADULLA 305.8 | | Change . | | • | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | ☐ Delate | 2 | AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS |