


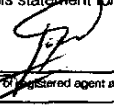

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90055 022 \*\*\*158.75

**44004279**



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|---|--|--|--|
| <b>DOCUMENT # P03000010360</b>  |  |   |  |
| 1. Entity Name<br><b>DUTRA GROUP, CORPORATION</b>   |  |  |  |
| Principal Place of Business<br><b>407 LINCOLN RD STE 11-L<br/>MIAMI BEACH, FL 33139</b>   |  | Mailing Address<br><b>407 LINCOLN RD STE 11-L<br/>MIAMI BEACH, FL 33139</b>  |  |
| 2. Principal Place of Business<br><b>11225 SW 189 TERR</b>  |  | 3. Mailing Address<br><b>407 LINCOLN RD</b>  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.<br><b>11 L</b>   |  |
| City & State<br><b>MIAMI FL</b>   |  | City & State<br><b>MIAMI BEACH FL</b>  |  |
| Zip<br><b>33157</b>   | Country<br><b>USA</b>  | Zip<br><b>33139</b>  | Country<br><b>USA</b>  |
| 4. FEI Number<br><b>20-0048357</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>ODELLA NELSON<br/>407 LINCOLN RD STE 11-L<br/>MIAMI BEACH, FL 33139</b>   |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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.<br><br>SIGNATURE:  <b>Guillermo Dutra</b><br>PRESIDENT<br>1/20/2004<br>(NOTE: Registered Agent signature required when reinstating)   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PTD<br>DIAZ, GUILLERMO D<br>407 LINCOLN RD STE 11-L<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DIAZ, MAXMILLIANO<br>407 LINCOLN RD STE 11-L<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DIRECTOR<br>DIAZ, MAXMILLIANO<br>2380 PANINO DR #202<br>MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SECRETARY<br>SANCHEZ, J. GARCIA<br>11225 SW 189 TERRACE<br>MIAMI BEACH FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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:  <b>Guillermo Dutra</b><br>PRESIDENT  |  | 1/20/04 (786) 357 8125<br>Date Daytime Phone #   |  |