FILED
May 26, 2004 8:00 am
Secretary of State

04-22-2004 90101 044 ***150.00

4/2:

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000011151

1. Entity Name
TUSCAN WAY, INC.

66424189

04122004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2829 BIRD AVENUE SUITE 5, PMB 242 COCONUT GROVE, FL 33133	2829 BIRD AVENUE SUITE 5, PMB 242 COCONUT GROVE, FL 33133

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 14-1870273 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, MICHAEL
9745 SUNSET DRIVE
SUITE 105
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name MICHAEL PEREZ
Street Address (P.O. Box Number is Not Acceptable) 10126 W. FLAGLER St.
City MIAMI FL Zip Code 33174

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARRAH, IAN 2829 BIRD AVENUE, SUITE 5, PM 242 COCONUT GROVE, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INNOCENTI, ISABEL 2829 BIRD AVENUE, SUITE 5, PM 242 COCONUT GROVE, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Isabel Innocenti 4/17/04 305 598 8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #