

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90016 026 ***158.75

44003370



01062004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1170813** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **Aurelio A Piedra CPA**
Street Address (P.O. Box Number is Not Acceptable) **780 NW 42 Ave**
516
City **Miami** FL Zip Code **33126**

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]

Aurelio A Piedra

1/7/04

Signature must be 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 - ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SZTENBERG, MARCELA E | |
| STREET ADDRESS | 780 NW LE JEUNE ROAD | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HITTERS, GASTON | |
| STREET ADDRESS | 780 NW LE JEUNE ROAD | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HITTERS, JUAN | |
| STREET ADDRESS | 780 NW LE JEUNE ROAD | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HERBON, EDUARDO | |
| STREET ADDRESS | 780 NW LE JEUNE ROAD | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| 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 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 |
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| 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **JUAN HITTERS, Secretary**

Date

1/26/04

Daytime Phone #