


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90215 024 ***150.00

DOCUMENT # P03000015872	
1. Entity Name FUENTES INTERNATIONAL REALTY, INC.	

Principal Place of Business 7925 NW 12TH ST. SUITE #324 MIAMI, FL 33126	Mailing Address 7925 NW 12TH ST. SUITE #324 MIAMI, FL 33126
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2. Principal Place of Business	3. Mailing Address Pedro D. Medina
Suite, Apt. #, etc.	Suite, Apt. #, etc. 10621 HAMMOCKS BLV. #431
City & State	City & State MIAMI, FL
Zip	Zip 33196
Country	Country



04282004 Chg-P CR2E034 (10/03)

4. FEI Number **45-0500627** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent FUENTES, JESUS F 7925 NW 12TH ST. SUITE #324 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name MEDINA, PEDRO D. Street Address (P.O. Box Number is Not Acceptable) 10621 HAMMOCKS BLV. #431 City MIAMI FL Zip Code 33196
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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 *Pedro D. Medina* DATE April 27, 2004
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUENTES, JESUS F 7925 NW 12TH ST., SUITE # 324 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, PEDRO 10621 HAMMOCKS BLV. #431 MIAMI, FL 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIBERO, MIGUEL 7925 NW 12TH ST., SUITE # 324 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIBERO, MIGUEL 9135 SW 125 AVE. APT. P405 MIAMI, FL 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEDINA, PEDRO 7925 NW 12TH ST., SUITE # 324 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Siqueiros, George 2630 SW 112 CT MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Pedro D. Medina* DATE April 27, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #