


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	Country
33196	

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 45-0500627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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 Medina* DATE **April 27, 2004**

Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME FUENTES, JESUS F	
STREET ADDRESS 7925 NW 12TH ST., SUITE # 324	
CITY-ST-ZIP MIAMI, FL 33126	
TITLE VD	<input type="checkbox"/> Delete
NAME RIBERO, MIGUEL	
STREET ADDRESS 7925 NW 12TH ST., SUITE # 324	
CITY-ST-ZIP MIAMI, FL 33126	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME MEDINA, PEDRO	
STREET ADDRESS 7925 NW 12TH ST., SUITE # 324	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEDINA, PEDRO	
STREET ADDRESS 10621 HAMMOCKS BLV. #431. MIAMI, FL. 33196	
CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIBERO, MIGUEL	
STREET ADDRESS 9135 SW 125 AVE. APT. P405	
CITY-ST-ZIP MIAMI, FL 33186	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Saqueiros, George	
STREET ADDRESS 2630 SW 112 CT	
CITY-ST-ZIP MIAMI, FL 33165	
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
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: *Pedro Medina* DATE: **April 27, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #