

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015872

FILED
Apr 29, 2005
Secretary of State

Entity Name: FUENTES INTERNATIONAL REALTY, INC.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD SUITE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

4000 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES, FL 33146

Current Mailing Address:

PEDRO D. MEDINA
10621 HAMMOCKS BLVD. #431
MIAMI, FL 33196

New Mailing Address:

4000 PONCE DE LEON BLVD.
SUITE 470
CORAL GABLES, FL 33146

FEI Number: 45-0500627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, PEDRO D
10621 HAMMOCKS BLVD.
#431
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEDINA, PEDRO
Address: 10621 HAMMOCKS BLV #431
City-St-Zip: MIAMI, FL 33196

Title: VD () Delete
Name: RIBERO, MIGUEL
Address: 9135 SW 125 AVE AP P405
City-St-Zip: MIAMI, FL 33186

Title: S (X) Delete
Name: SEQUEIROS, GEORGE
Address: 2630 SW 112 CT
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO MEDINA

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date