2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P03000016306 1. Entity Name 04-30-2004 90297 009 ***150.00 FUERTES DESIGNS, INC. Principal Place of Business Mailing Address 710 NW 16TH AVE #7 GAINESVILLE FL 32601-4072 710 NW 16TH AVE #7 GAINESVILLE FL 32601-4072 24061842 2. Principal Place of Business 3. Mailing Address 710 N.W 16Th Ave # 2 710 N.W. 16Th AVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For GAINES VICLE, FL. 59-3060141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32 601 ALACHUA ALACHUA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **FUERTES, IRVING** Street Address (P.O. Box Number is Not Acceptable) 710 NW 16TH AVE #7 Newilath GAINESVILLE FL 32601-4072 AINES VILLE 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!* FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change **□** Addition PresiDENT NAME NAME Fue rtes Ir vin G STREET ADDRESS STREET ADDRESS 710 N.W. 16Th AVE #4 GAINES VILLE, FL 32601 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE ☐ Change Addition SECRE TARY NAME NAME Teresa D. Fuertes STREET ADDRESS STREET ADDRESS TO NIW. 1694 AVE 24 INES VILLE, RL. 3 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

352-258-258-5577 SIGNATURE: Irving