2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-18-2004 90028 001 ***150.00 **DOCUMENT # P03000016445** MIDECA CORPORATION Principal Place of Business Mailing Address 66409045 % NICOLAS FERNANDEZ, P.A. % NICOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD SUITE 324 780 N.W. LE JEUNE ROAD SUITE 324 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Act. #. etc. CR2E034 (10/08) 01192004 Cha-P Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 780 N.W. LE JEUNE ROAD SUITE 324 MIAMI, FL 33126 City Zip Code 5. 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, typed or printed name of registered agent and tide 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Deleta TITLE **DR** Addition RILE Rene Castillo NAME NAME 10620 SW 110th Street STREET ADDRESS STREET ADDRESS Miami, FL 33176 CITY-ST-ZIP CITY-ST-ZIP TITLE Change X Addition MILE ☐ Delete Ana Maria Vega Cast 10620 5W 110th Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP Miami, FL 33176 CITY-ST-ZP ☐ Addition TITLE Delete IIILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition me NAME NAME STREET ADDRESS STREET ADDRESS CHA-SIEZE R CITY-ST-ZIP ☐ Addition TITLE Oelete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE me MALIF MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-719 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(f). 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 affect 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 attactment with an address, with all other like empowered.

FILED

Apr 01, 2004 8:00 am Secretary of State