FILED
Mar 01, 2004 8:00 am
Secretary of State

01-23-2004 90018 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000020498

1. Entity Name
CIPSADE MIAMI, INC.

Principal Place of Business	Mailing Address
777 BRICKELL AVENUE SUITE 1070 MIAMI, FL 33131	777 BRICKELL AVENUE SUITE 1070 MIAMI, FL 33131

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
55 Weston Road	55 Weston Road
Suite, Apt. #, etc.: Suite 306	Suite, Apt. #, etc.: Suite 306
City & State: Weston, Florida 33326	City & State: Weston, Florida 33326
Zip / Country	Zip / Country

4. FEI Number 73-1672179 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONTELLO, LOUIS R
777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE PACE, OCTAVIO M 777 BRICKELL AVENUE SUITE 1070 MIAMI, FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE PACE, OCTAVIO M 55 Weston Road, Suite 306 Weston, Florida 33326 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, FERNANDO S 777 BRICKELL AVENUE SUITE 1070 MIAMI, FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, FERNANDO S 55 Weston Road, Suite 306 Weston, Florida 33326 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] OCTAVIO MANI 6/1A 01/14/2004 (954) 3898890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #