


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90042 046 ***150.00

DOCUMENT # P03000020642					
1. Entity Name E-TVC CORP.					
Principal Place of Business 7014 NW 50 ST MIAMI, FL 33166			Mailing Address 7014 NW 50 ST MIAMI, FL 33166		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 10-0031576	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANISHEWSKY, RODOLFO H 7014 NW 50 ST MIAMI, FL 33166			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 _____ (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 <input type="checkbox"/> \$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	P DANISHEWSKY, RODOLFO H 7014 NW 50 ST MIAMI, FL 33166		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
V RUBACHA, GUSTAVO C 7014 NW 50 ST MIAMI, FL 33166		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
S LOPEZ, MARCELO J 7014 NW 50 ST MIAMI, FL 33166		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
T BLEISCHMIDT, FRANCISCO A 7014 NW 50 ST MIAMI, FL 33166		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
SIGNATURE: <i>[Signature]</i>			RODOLFO H. DANISHEWSKY 03/22/04		
_____ PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			_____ Date		
_____ Daytime Phone #			_____		