


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90008 029 ***150.00

DOCUMENT # P03000025396 1. Entity Name SENTIDO COMUN, INC.			
Principal Place of Business 1400 SALZEDO ST. SUITE 403 CORAL GABLES, FL 33134		Mailing Address 1400 SALZEDO ST. SUITE 403 CORAL GABLES, FL 33134	
2. Principal Place of Business 10936 NW 7st Suite, Apt. #, etc. #5		3. Mailing Address 10936 NW 7st. Suite, Apt. #, etc. #5	
City & State Miami FL 33172		City & State Miami, FL	
Zip Country		Zip Country	
4. EEI Number 56-2370533		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, GISELLE 1400 SALZEDO ST. SUITE 403 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Miguel M. Zayas Garcia Street Address (P.O. Box Number is Not Acceptable) 10936 NW 7st. #5 City: Miami FL Zip Code: 33172	
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: Miguel M. Zayas Garcia (President) Date: 2/18/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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	D. <input type="checkbox"/> Delete ZAYAS-GARCIA, MIGUEL M 670 AVE PONCE DE LEON CARIBBEAN TOWER 524 SAN JUAN, PR 00907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition Zayas-Garcia, Miguel M. 10936 NW 7st #5 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input checked="" type="checkbox"/> Delete GARCIA, GISELL 1400 SALZEDO ST. SUITE 403 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input checked="" type="checkbox"/> Delete MOLINA-RESTO, ALEXIS P.O. BOX 270022 SAN JUAN, PR 009270022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.			
SIGNATURE: Miguel Zayas Garcia		Date: 2/18/03 Daytime Phone #: 787-356-5090	