## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2004 8:00 am Secretary of State

DOCUMENT # P03000026330  1. Entity Name W-2003, CORP.							04-08-2004	90001 (	)09 ***1	50.00
	RA CIRCLE, SUITE 1270		Mailing Address 150 ALHAMBRA CIRCLE, SUITE 1270 CORAL GABLES, FL 33134					Zquə	чоод	
	ES, FL 33134	3. Mailing Address	134							
Suite, Apt. #, etc.		Suite. Apt. #, etc.					SOURS IRRII GOUN DONN SO	ļļI <b>BB</b> III ELDIO	<b>JELO I</b> FILO <b>D</b> 11181 I	F#  F#      E#)
						02052004	Chg-P	CR2É	034 (10/03	·
City & State		City & State			4. FEI Numb	572641	60_	<b>├</b>	Applied For Not Applicable	
Zip	Country	Zip	Country			5. Certificate	of Status Desired		\$8.75 A	
	6. Name and Address of Current	Registered Agent	-	Name		7. Name and	Address of New I	Registered	Agent	
RODRIGUEZ, JOSE A ESQ. 150 ALHAMBRA CIRCLE, SUITE 1270				Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLES, FL 33134										
			}	City		<u>.</u>		FL	Zip Co	ode
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  Output  DATE										
		9 Flection Campai	an Finan	cina	ee (	00.44				
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND DIRECTORS 11.					ADDITIONS.	CHANGES TO OF	FICERS AN	D DIRECTO Change	
NAME	GARFUNKEL, ALEJANDRA P									
STREET ADDRESS CITY-ST-ZIP	150 ALHAMBRA CIRCLE, SUITE 1270 CORAL GABLES, FL 33134			ST-ZIP		۵				
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NAME		□ Delete	NAME	1 📥		. /	line!			<i>/</i> \
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	50	JOSE A.K Alhamb	adelavez, va Ciacla, is FC-3312	suite	1290	
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NAME STREET ADDRESS		)	NAME Stree	T ADDRESS						
CITY-ST-ZIP			CITY-:	ST-ZIP						
12. I hereby certify that the information supplied with this fling 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: 4.1.04 305.445.6600										
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER (	OR DIRECTO	DR			Date		Daytime Phone 4	