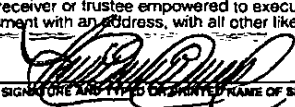


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-12-2004 90029 023 *****5.00
03-24-2004 90004 032 ***145.00

DOCUMENT # P03000027767 1. Entity Name INTERACTIVOS CONSULTORES, CORP.					
Principal Place of Business Interactivos Consultores, Corp. 3785 NW 82nd Avenue Ste 110 Miami, FL 33188-5418			Mailing Address 15411 SW 39 TER MIAMI FL 33185		
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 56-2336207	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAZZA-MARTINEZ, TANIA A MS. 780 NW 42 AVE STE 420 MIAMI FL 33126			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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State 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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MUCI, SALOMON		NAME		
STREET ADDRESS	15411 SW 39 TER		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CELIS, IRIS		NAME		
STREET ADDRESS	15411 SW 39 TER		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RACHO, ELIAS		NAME		
STREET ADDRESS	15411 SW 39 TER		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VALERO, MARCOS		NAME		
STREET ADDRESS	15411 SW 39 TER		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MALDONADO, RAFAEL		NAME		
STREET ADDRESS	15411 SW 39 TER		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 03/25/04 Title: DIRECTOR		