2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004
Secretary of State

DOCUMENT# P03000028017

Entity Name: SOLUCIONES ALTAVISTA, CORP

Current Principal Place of Business:

247 SW 8TH ST #288
MIAMI, FL 331303529

New Principal Place of Business:

1550 BRICKELL AV. #202
MIAMI, FL 33129 US

Current Mailing Address:

247 SW 8TH ST #288
MIAMI, FL 331303529

New Mailing Address:

1550 BRICKELL AV. #202
MIAMI, FL 33129 US

FEI Number: 51-0450037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GBS CONSULTANTS
1290 WESTON RD STE 306
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: LOPEZ, LIGIA G
Address: 247 SW 8TH ST #288
City-St-Zip: MIAMI, FL 331303529

Title: VTD ( ) Delete
Name: LOPEZ, CESAR E
Address: 247 SW 8TH ST #288
City-St-Zip: MIAMI, FL 331303529

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: LOPEZ, LIGIA G
Address: 1550 BRICKELL AV #202
City-St-Zip: MIAMI, FL 33129 US

Title: VTD (X) Change ( ) Addition
Name: LOPEZ, CESAR E
Address: 1550 BRICKELL AV #202
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIGIA LOPEZ P 09/27/2004

Electronic Signature of Signing Officer or Director Date