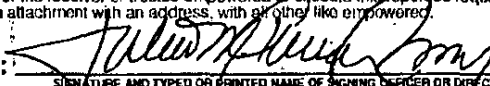


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

07-26-2004 90012 023 ***150.00

DOCUMENT # P03000028637 1. Entity Name FEROCA SILVER & GOLDSMITH, INC.					
Principal Place of Business 12230 SW 20 TERR #11 MIAMI, FL 33175			Mailing Address 12230 SW 20 TERR #11 MIAMI, FL 33175		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
City & State			City & State		
Zip			Country		
4. FEI Number 65-1179643			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LUJAN, AMADA 12230 SW 20 TERR #11 MIAMI, FL 33175			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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, ARTURO 12230 SW 20 TERR #11 MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERREIRA, JULIA 12230 SW 20 TERR #11 MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUJAN, AMADA 12230 SW 20 TERR #11 MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUJAN, AMADA 12230 SW 20 TERR #11 MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
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:  7/13/04 Date _____ Signature Phone # _____					

66432395



07212004 Chg-P CR2E034 (10/03)