

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

05-19-2004 90012 041 ***150.00

DOCUMENT # P03000030069 1. Entity Name PAQUIRRI TRADING CORP.					
Principal Place of Business 1300 BRICKELL AVENUE MIAMI, FL 33131			Mailing Address 1300 BRICKELL AVENUE MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 57-1175727	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANCHEZ, MILAGROS A 1300 BRICKELL AVENUE MIAMI, FL 33131				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 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, MILAGROS A 1300 BRICKELL AVENUE MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Genaro Calle 1300 Brickell Avenue Miami, FL 33131	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosa Elena De Calle 1300 Brickell Avenue Miami, FL 33131	☒ Change ☒ Addition	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anamaria Calle 1300 Brickell Avenue Miami, FL 33131	☒ Change ☒ Addition	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Delete	☐ Change ☐ 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: <i>Milagros Sanchez</i>			Date 4/30/04 Daytime Phone 305-351-1000		