2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

03-16-2004 90017 041 ***150.00

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DOCUMENT # P03000031280

1. Entity Name
LANTIGUA-MARTINEZ, CORP.

66427896

Principal Place of Business	Mailing Address
909 NW 6TH STREET FT LAUDERDALE, FL 33311	909 NW 6TH STREET FT LAUDERDALE, FL 33311
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03092004 Chg-P CR2E034 (10/03)

4. FEI Number 57-1159917 ☐ 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
GLASSMAN, LISA I ESQ 20801 BISCAYNE BLVD SUITE 403 AVENTURA, FL 33180	Name Raul F. Pino, Esq Street Address (P.O. Box Number is Not Acceptable) 2440 Coral Way City Miami FL Zip Code 33145

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] 3-11-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 DPS NAME LANTIGUA, MILTON STREET ADDRESS 909 N.W. 8TH ST. CITY-ST-ZIP FT. LAUDERDALE, FL 33311	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME FLORES, MILAGROS STREET ADDRESS 909 N.W. 8TH ST. CITY-ST-ZIP FT. LAUDERDALE, FL 33311	☐ Delete	TITLE P/V/S/T NAME Milagros Flores 33311 STREET ADDRESS / CITY-ST-ZIP 909 NW 8th St, FtLauderdale, Fl	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] MILAGROS FLORES 03/11/04 (954) 720-2894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #