2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P03000034 1. Entity Name WAITERS IN ACTION 1, INC		**************************************	05-03-20	04 91253 034 **	**150.00		
Principal Place of Business	Mailing Address						
1655 NE 115 STREET 12B	1655 NE 115 STREET 128				•		
MIAMI, FL 33181 US							
2. Principal Place of Business 2637 NW 20 Street	7 NW 20 Street 2637 NW 20 Str						
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A			Chg-P	CR2E034 (10/03)		
City & State Miami, Fl	City & State Miami, Fl		4. FEI Number	-1062935	— — — — — — — — — — — — — — — — — — —	plied For t Applicable	
33142 Country Miami-Dade	33142 Mi	ami-Dade	5. Certificate of Sta		S8.75 Add Fee Required		
6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Reg	istered Agent		
MOLINERO, ALVARO			Molinero, Alvaro				
1655 NE 115 STREET	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 12B MIAMI, FL 33181		2637 NV	W 20 Stree	et Suite	P A		
18/)	City	mi		FL Zip Code		
8. The above named entity submits this statement to the obligations of registered agent.	the purpose of changing its regist	tered office or register	red agent, or both, in			I	
SIGNATURE SIGNATURE			2	18- AL	pril- 200	4	
Signature Aybed or puried name of Agistered agent	nd lite if applicable. (NOTE: Regis	tered Agent signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campaign Fir Trust Fund Contribution		.00 May Be ded to Fees				
10. OFFICERS AND		1.	· · · · · · · · · · · · · · · · · · ·		ERS AND DIRECTOR		
NAME: MOLINERO, ALVARO	21	IALIE	inero, Alva		X Change	Addition	
STREET ADDRESS 1655 NE 115 STREET #12B CITY-ST-ZIP MIAMI, FL 33181		SINEEL MUUNEGO	7 NW 20 Streni, Fl 33142		: A		
TITLE		TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS					
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TITLE		TITLE			☐ Change	☐ Addition	
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TITLE	- 20,000	TITLE			☐ Change	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver of trustee empehanged, or on an attachment with an address.	this filing does not qualify for the e true and accurate and that my sig wered to execute this report as re with an other-like empowered.	exemption stated in Signature shall have the quired by Chapter 60	ection 119.07(3)(i), Flo same legal effect as i7, Florida Statutes; an	orida Statutes. I fi if made under oa id that my name a	urther certify that the in th; that I am an officer appears in Block 10 o	nformation or director r Block 11 if	
SIGNATURE: SIGNATURE NO THE END THE EN	PRINTED NAME OF SIGNING OFFICER OR DIF	RECTOR		Date	Daytime Phone #		