

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 19, 2004 8:00 am
Secretary of State**

03-19-2004 90051 025 ***150.00

DOCUMENT # P03000038368



1. Entity Name
INGHENIA, INC.

Principal Place of Business
520 BRICKELL AVE STE 0-305
MIAMI, FL 33131

Mailing Address

520 BRICKELL AVE STE 0-305
MIAMI, FL 33131

2. Principal Place of Business 2665 SW 37 Ave	3. Mailing Address 2665 SW 37 Avenue		
Suite, Apt. #, etc. #610	Suite, Apt. #, etc. #610		
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA		
Zip 33133	Country MIAMI-DADE	Zip 33133	Country MIAMI-DADE

01062004 Chg-P CR2E034 (10/03)

4. FEI Number 55-0836077	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION INC
520 BRICKELL AVE STE 0-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **Lucienne Cambon**
Street Address (P.O. Box Number is Not Acceptable)
2665 SW 37 Avenue
#610

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 **Lucienne Cambon** DATE **03/15/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 CLARK, ROBERTO 2665 SW 37 AVE #610 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ASSISTANT SECRETARY LUCIENNE CAMBON 2665 SW 37 Ave. #610 MIAMI, FLORIDA 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROCENA, FELIPE 2665 SW 37 AVE #610 MIAMI, FL 33133	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Lucienne Cambon** 03/15/04 305-774-2983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #