



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-19-2004 90051 025 ***150.00

DOCUMENT # <u>P03000038368</u>					
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 <u>2665 SW 37 Ave</u> Suite, Apt. #, etc. <u>#610</u>		3. Mailing Address <u>2665 SW 37 Avenue</u> Suite, Apt. #, etc. <u>#610</u>			
City & State <u>MIAMI FLORIDA</u>		City & State <u>MIAMI FLORIDA</u>		4. FEI Number <u>55-0836077</u>	
Zip <u>33133</u>		Country <u>MIAMI-DADE</u>		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 <u>Lucienne Cambon</u> Street Address (P.O. Box Number is Not Acceptable) <u>2665 SW 37 Avenue</u> <u>#610</u> City <u>MIAMI</u> <u>FL</u> Zip Code <u>33133</u>		
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 <u>Lucy Carl</u> 03/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete CLARK, ROBERTO 2665 SW 37 AVE #610 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LUCIENNE CAMBON 2665 SW 37 Ave. #610 MIAMI, FLORIDA 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete AROCENA, FELIPE 2665 SW 37 AVE #610 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Lucy Carl</u> <u>LUCIENNE CAMBON</u> <u>03/15/04</u> <u>305-774-2983</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					