2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039807

SORES INACIÓ, SELMA

ALTAMONTE SPRINGS, FL 32714

657 GLADES CIR. 215

Name:

Address:

City-St-Zip:

Entity Name: SOARES INACIO ENTERPRISE INC

FILED Apr 30, 2004 Secretary of State

Entity Name: SOARES INACIO ENTERFRISE INC.							
Current Principal Place of Business:				New Principal Place of Business:			
1516 E. CC	LONIAL DR						
ORLANDO, FL 32803 US							
Current Mailing Address:				New Mailing Address:			
657 GLADE 215	57 GLADES CIR			1510 E COLONIAL DR 307			
ALTAMONTE SPRINGS, FL 32714 US			ORLANDO, FL 32803 US				
FEI Number:	01-0777127	FEI Number Applied I	For () FEI Nui	mber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ACCOUNT BOOKKEEPING 1516 E COLONIAL DR. 107				ACCOUNT BOOKKEEPING 1510 E COLONIAL DR. 307			
ORLANDO, FL 32803 US				ORLANDO, FL 32803 US			
The above in the State		submits this statemer	nt for the purpose o	of changing i	ts registered	d office or registered agent, or both,	
SIGNATURE: ACCOUNT BOOKKEEPING CORP				04/30/2004			
	Electro	nic Signature of Regis	stered Agent			Date	
Election Cam	npaign Financii	ng Trust Fund Contributio	on ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DE AMORIM P AVE GETULIO) Delete PEREIRA, ARMANDO O VARGAS, 807 CENTRO ANDE-PB-BRAZIL, 58101	020 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SOARES INAC) Delete CIO, MARIA DE FATIM VARGAS, 807 CENTRO ANDE-PB-BRAZIL, 58101	020 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SOARES INAC) Delete CIO, CELIA I VARGAS, 807 CENTRO ANDE-PB-BRAZIL, 58101	020 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	S () Delete		Title:	S	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SORES INACIO, SELMA

ORLANDO, FL 32803

1510 E COLONIAL DR 307

SIGNATURE: ARMANDO O DE AMORIM PERES DP 04/30/2004