


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90025 015 \*\*\*150.00

<b>DOCUMENT # P03000043714</b> 1. Entity Name <b>PARADOR DE LA COLINA, CORP.</b>					
Principal Place of Business <b>15801 NW 52 AV. APT. 302 MIAMI FL 33014 FL</b>			Mailing Address <b>15801 NW 52 AV. APT. 302 MIAMI FL 33014 FL</b>		
2. Principal Place of Business <b>15801 NW 52 AVE Apt-302</b> Suite, Apt. #, etc. <b>302</b>		3. Mailing Address <b>15801 NW 52 AVE</b> Suite, Apt. #, etc. <b>302</b>			
City & State <b>Miami - FL.</b>		City & State <b>Miami - FL.</b>		4. FEI Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>33014</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>AMERICA HOME INVESTMENTS, CORP. 6034 SW 24ST MIAMI FL 33155</b>			7. Name and Address of New Registered Agent Name <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> City <b>FL</b> Zip Code		
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><i>Maria H. Sanchez</i></u> <b>MARIA H. GANCHEZ</b> <u>3/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>SANCHEZ, MARIA H</b> <b>15801 NW 52 AV APT. 302</b> <b>MIAMI FL 33014</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>BURGOS, CESAR E</b> <b>15801 NW 52 AV APT. 302</b> <b>MIAMI FL 33014</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another like empowered.					
<b>SIGNATURE:</b> <u><i>Maria H. Sanchez</i></u> <b>MARIA H. SANCHEZ</b> <u>3/8/04</u> <u>(786) 381-1206</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E034 (11/03)