2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 13, 2004 8:00 am **DOCUMENT # P03000043858 Secretary of State** 07-13-2004 90002 015 ***150.00 SANCHEZ & SALAZAR ENTERPRISES, INC. Principal Place of Business Mailing Address 1361 CINDER LN 1361 CINDER LN 54062136 KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address trances De 1987 MARY 1087 MAR Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 CR2E034 (10/03) City & State Applied For 4. FEI Number 34741 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sanchez SANCHEZ, PABLO Street Address (P.O. Box Number is Not Acceptable) 1361 CINDER LN KISSIMMEE, FL 34744 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change ☐ Addition SANCHEZ, PABLO NAMÉ NAME 1361 CINDER LN STREET ADDRESS SZERODA TERRIZ CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-7IP STD TITLE Delete. TITLE ☐ Change ■ Addition SALAZAR, HECTOR A NAME NAME 1361 CINDER LN STREET ADDRESS STREET ADDRESS KISSIMMEE, FL 34744 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITL F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truster 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.

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Affachment 54062136

July:07, 2004

Department of State
Division of Corporations
409 East Gaines ST.
Tallahassee, FL 32399

Dear Sirs,

Through this letter I summit to you the form "Corporation Renewal" from SANCHEZ & SALAZAR ENTERPRISES, INC. Document No. P03000043858 filed on 04-17-03.

According with telephone conversation today July 07, 2004 with one of the specialist on the renewal department, the annual report form, for a year 2004. I never received the form on time, for that reason I like to ask a waiver on the penalty for non-renewal annual report form.

Please consider this circumstantial reasons as an excuse for my request. Enclose one hundred fifty (\$150.00) dollars for a corporation fees on 2004. Thank for you attention to this important matter.

Sincerely Yours

Pablo Sanchez

Officer

Sanchez & Zalazar Ent. Inc.