2004 FOR PROFIT CORPORATION ANNUAL REPORT

	Jan 16 C*	ANNUA	LRE	PORT		••			7.温度性	PARVE	j ,	
DOCUMENT # P03000046292 1. Entity Name									OL JAN	F CORI	ORATI	; ,, *,
EKIOSKS CORPORATION									- Aut C	:/ PM	12: 25	
Principal Place of Business 1643 BRICKELL AVENUE SUITE 2504 MIAMI, FL 33129				Mailing Address 1643 BRICKELL AVENUE SUITE 2504 MIAMI, FL 33129								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				01132004	Chg-P	CR2E0	34 (10/03)	
City & State			C	City & State				4. FEI Number	0-0005	576	¬ ⊢ ⊢	oplied For
Zìp	Country		Zi		Count			5. Certificate of			\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
PLATA, CARLOS A 1643 BRICKELL AVENUE						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 2504 MIAMI, FL 33129												
The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.						City FL Zip Code red office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
SIGNATURE.												
· · · · · · · · · · · · · · · · · · ·	Signature, typed	or printed name of registered ag	ent and title if a	applicable. (NOT	E: Registere	d Agent signatu		when reinstating)		DATE		
		FEE IS \$150.00 Fee will be \$55	0.00	9. Election Campa Trust Fund Conf	_	ncing	\$5. Adde	OO May BE	00283 0401024-	:214 015	∤87 **150.	. 00
10.		OFFICERS AN	ND DIRECT	ORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR:	S IN 11
TITLE ·	CD Delete TITL					E					☐ Change	Addition
NAME STREET ADDRESS	PLATA, CARLOS A											
CITY-ST-ZIP	MIAMI, FL 33129					ET ADDRESS -ST-ZIP						
TITLE	ST Delete IIIIL						۲.۸	DAVIS			☐ Change	Addition
NAME	FOGACA, MARIAN / NAN					E	دل ما	Dricke	11 Ave. +	250	f	7
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST - ZIP	ο. Μ	ani, 4	33129	•		
TITLE	MIAWI, FL 33129						TOPA	will sec	retary ?	STEPS	☐ Change	Addition
NAME				Delete	NAM		AEK	EMAN B	TIERO.			Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS =	164	3-PSCICKE	CAVE # 25	DX		
TITLE				☐ Delete	TITL	-ST-ZIP	$\overline{\mathcal{M}}$	Ianu, H.	33107.		☐ Change	Addition
NAME				L Detete	NAM		Jow	n Carlos	Valencia		☐ Change	Nontion
STREET ADDRESS						ET ADDRESS	1443	Brickell	AV2.#25	DΨ		
CITY-ST-ZIP			······································	□ Delete	TITL	-ST-ZIP	MIA	mi, 9. 3	33129.		Change	Addition
NAME				□ Delete	NAM		Ana	MARIA O	rtega 4	2004	☐ Change	Addition
STREET ADDRESS						ET ADDRESS -ST-ZIP	164	3 Brich	73176	SUY		
CITY-ST-ZIP			······································	□ Delete	TITL		rrie	anu, PI	20101		☐ Change	Addition
NAME				C Delete	NAM						☐ Ostalige	☐ Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	cartifu that the	information evention	ith thic file	a dage not publify fo		-ST-ZIP	ad in Sc	otion 110 07/9///	Florido Ctatutas 1	further and	tifu that the 1-	formation
12. I hereby certify that the information supplied with this filing does not quality 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 cath; that I am an office or director of the corporation or the receiver or trustee empowered of 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.												
SIGNAT	URF.	lai	W					1.	119/04			
		SIGNATURE AND TYPED O	R PRINTED N	AME OF SIGNING OFFICER	OR DIRECT	ron	-	'/	Date	Dr	aytime Phone #	