## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 12, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam LUIS ARA				07-12-2004 90030 049 ***150.00					
Principal Place of Business Mailing Address			L					***	101050
1563 BARKWOOD LANE ORLANDO, FL 32828		1563 BARKWOOD LANE ORLANDO, FL 32828				54061852			
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2. Principal P	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc	Suite, Apt. #, etc.				07022004	Chg-P	CR2E034 (10/03)	ı
City & State	3	City & State				4. FEI Numbe	137606	<del>  </del>	pplied For ot Applicable
Zip	Country	Zip Count		try				- \$8.75 Ar	Iditional
6 Name and Address of Current		Pagistared Agent					Address of New Ri	. oc nequii	ed
6. Name and Address of Current Registered Agent				Name		r. Hallio ajig	Address of New Hi	egistered Agent	
ARAYA, LUIS 1563 BARKWOOD LANE				Street Add	et Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32828									
1				City					
8. The above named entity submits this statement for the purpose of changing its regis				'	FL   -r				
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  FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing  \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the									
Due by September 8, 2004 Trust Fund Contribu						to Fees	corporation did i	not receive the prior	notice.
10.	OFFICERS AND DIRECTORS		11.			ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	
TITLE NAME	ARAYA, LUIS	☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS	1563 BARKWOOD LANE			ET ADDRESS					=
CITY-ST-ZIP	<u> </u>			-ST-ZIP					
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NAME		, <u> </u>	NAME				·		. – .
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CITY-ST-ZIP	1 7, 1 f	this files dans at a self-to-		-ST-ZIP	J := 0 - · ·	140.07(5)	N. Plantala Paris and		
indicated	certify that the information supplied with on this report or supplemental report is	i uils issing goes not quality for the true and accurate and that my	ne exel	mption stated	a in Secti	300 119.07(3)(	r), Florida Statutes. I	runther certify that the	Information

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 about 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 of furstage 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR CREECTOR

464-383-3465

Daytime Phone #