

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047657

FILED  
Jun 01, 2004  
Secretary of State

Entity Name: ULTIMATE FLAG EXPERIENCE, INC.

## Current Principal Place of Business:

3358 SW 139 COURT  
MIAMI, FL 33175

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 6533007  
MIAMI, FL 332653007

## New Mailing Address:

3358 SW 139 COURT  
MIAMI, FL 33175

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GASTEAZORO, RODRIGO  
12305 SW 89 AVE  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

VALDES, JAVIER A  
3358 SW 139 CT  
MIAMI, FL 33175 US

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.

SIGNATURE: JAVIER A. VALDES

06/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FLORES, BARNEY E  
Address: 220 MADERIA AVE APT 6  
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD ( ) Delete  
Name: VALDES, JAVIER A  
Address: 3358 SW 139 COURT  
City-St-Zip: MIAMI, FL 33175

Title: VSD (X) Delete  
Name: LOBATO, ALEXANDER M  
Address: 3381 SW 139 COURT  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: VALDES, JAVIER A  
Address: 3358 SW 139 CT  
City-St-Zip: MIAMI, FL 33175

Title: VSD (X) Change ( ) Addition  
Name: LOBATO, ALEXANDER M  
Address: 3381 SW 139 COURT  
City-St-Zip: MIAMI, FL 33175

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JAVIER A VALDES

P

06/01/2004

Electronic Signature of Signing Officer or Director

Date