## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	1. Entity Name	MENT # P03000050 DINGS, INC.	671			04-10-20	04 9007 <i>2</i> 0	081	30.00
2. Principal Place of Business  Suite, April 4, etc.  Suite, April	1701 W 37TH	1 STREET	1701 W 37TH STREET	<u> </u>	-				
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City 6. State    Country	2. Principal Pl	ace of Business	1 (3° A 1) A.Z	227536					
Note Applicate   Specific of Status Desired   Specific of Sp	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112004	Chg-P	CR2E034	<u> </u>	
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Name    Name	Zìp 		Zin 33122	USA-			Fee	e Required	
Street Address (P.O. Box Number is Not Acceptable)    City			Registered Agent		7. Name and A	ddress of New I	legistered Age	ınt	
City FL Zip Code  S. The above namedians strong states sharement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I an familiar with, and access the obligations of his seed significant strong and the purpose of changing its registered office or registered agent, or both, in the State of Forida. I an familiar with, and access the obligations of his seed significant strong and the purpose of changing its registered agent, or both, in the State of Forida. I an familiar with, and access the obligations of the purpose of changing its registered office or registered agent, or both, in the State of Forida. I an familiar with, and access the obligations of the purpose of changing its registered office or registered agent, or both, in the State of Forida. I an familiar with, and access the obligations of the purpose of changing its registered office or registered agent, or both, in the State of Forida. I an familiar with, and access the obligations of the purpose of changing its registered agent, or both, in the State of Forida. I an familiar with, and access the obligations of the obligations. I an familiar with, and access the obligations of the obligations of the obligations.    FILE   Obligations   Obligati	1701 W 37TH STREET #17			Street Address (P.O. Box Number is Not Acceptable)					
B. The above namedients substitutes this shierment for the purpose of changing its registered office or registered agent, or both, in the State of Forida. It am familiar with, and access the obligations of discrete tights.  SIGNATURE				City Table 1					
SIGNATURE Signature tropper/promptament registerial spens approximate registerial spens approxim	-		the purpose of phonograp its re-		torod agent, or both	in the State of E	1	•	
FILE NOW!! FEE IS \$150.00  After May-1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PUIG, JUAN E  1701 W 37TH STREET #17  HIALEAH, FL 33012  TITLE  ORDONEZ, JOSE  SIREET ADDRESS  CITY-ST-2P  TITLE  WAME  SIREET ADDRESS  CITY-ST-2P  TITLE  Oelete  TITLE  Oelete  TITLE  Oelete  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  Oelete  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  Oelete  TITLE  ORDONESS  CITY-ST-2P  TITLE  OElete  TITLE  ORDONESS  CITY-ST-2P  TITLE  OElete  TITLE  OELET ADDRESS  CITY-ST-2P  TITLE  OELET ADDRESS  CITY-ST-2P  TITLE  OELET ADDRESS  CITY-ST-2P  TITLE  OELET  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  OELET  TITLE  OELET  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  OELET  TITLE  OELET  OELET  TITLE  OELET  OELET  OELET  TITLE  OELET  OELET  OELET  TITLE  OELET  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  OELET  OELET  TITLE  OELET  OEL	the obligati	ions of registered agent	The pulpose of changing its reg	gistered office of regis	lered agent, or both	, in the State of F	1	104	ind accept
After May-1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.	SIGNATURE	Signature, typed of primed name of registered agent	and little if applicable. (NOTE: Re	egistered Agent signature requi	red when reinstating)		DATE		
ITILE   PUIG, JUAN E   NAME	FIL After Ma	E NOW!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaign Trust Fund Contribu						
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