## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 22, 2004 8:00 am Secretary of State 03-22-2004 90047 030 \*\*\*150.00

Principal Places of Business 2415 HIRDN CIR 2415 HIRDN CIR ROSSMEE, FL 34746-3441  2. Principal Places of Business  Suita Apt. F. 60c.  Suita Apt.	1. Entity Name	e	# P03000052 ESTMENTS INC.	6			03-22-200	1 2007 <i>1</i>	<i>,</i> ,	130.00		
Suits, Apr. 4, etc.    Suits, Apr. 4, etc.   Suits, Apr. 4, etc.   Suits, Apr. 4, etc.   City & Sale	2415 HURON CIR 2415 HURON CIR											<b></b>
City & State  City & State  City & State  City & State  A. FEI Number BG -   0825   5	2. Principal Pl	lace of Busin	633	3.	- Mailing Address							
DELGADO, GLACO    S. Certificate of Status Desired   S. T. Name and Address of Current Registered Agent   S. Certificate of Status Desired   S. T. Name and Address of Current Registered Agent   S. T. Name and Address of Name Registered Agent   S. T. Name and Address of Name Registered Agent   Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.			$\top$	Suite, Apt. #, etc.		<del></del>	03022004	Chg-P	CR2E03	4 (10/03)	
B. Hame and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  To City  FL Zip Code  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Poelds. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE:  FILE NOWITI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Address or registered agent.  SIGNATURE:  PLE NOWITI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Address or registered agent.  SIGNATURE:  SIGNATURE:  DELICATION CONTRIBUTION   Delete   Mile   Delet	City & State				City & State		4. FEI Numb	86-108	251	S Apr		
DELGADO, GLACCI 2415 HURON CIR KISSIMMEE, FL 34746-3441   Cry FL Zip Code  8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the Situs of Floride. I am familiar weh, and accept the obligations of registered agent, or both, in the Situs of Floride. I am familiar weh, and accept the obligations of registered agent.  SIGNATURE:  FILE NOWITE FEE IS \$150.00  After Many 1, 2004 Fee with the \$550.00  That Fund Controllor.  B. Election Competing Financing That Fund Controllor.  B. El	Zip	Country			Zip	try	5. Certificate	of Status Desired				
DELGADO, GLACCI 215 HURON CIR KISSIMMEE, FL 34746-3441  Cry FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered ogens, or both, in the Sites of Portida. I em familiar with, and accept the obligations of registered ogens, or both, in the Sites of Portida. I em familiar with, and accept the obligations of registered ogens, or both, in the Sites of Portida. I em familiar with, and accept the obligations of registered ogens, or both, in the Sites of Portida. I em familiar with, and accept the obligations of registered ogens, or both, in the Sites of Portida. I em familiar with, and accept the obligations of registered ogens, or both, in the Sites of Portida. I em familiar with, and accept the obligations of registered ogens, or both, in the Sites of Portida. I em familiar with, and accept the obligations of registered ogens, or both, in the Sites of Portida. I em familiar with, and accept the obligations of Portida. I em familiar with, and accept the obligations of Portida. I em familiar with, and accept the obligation of Portida. I em familiar with, and accept the obligation of Portida. I em familiar with, and accept the obligation of Portida. I em familiar with, and accept the portions of Portida. I em familiar with, and accept the portions of Portida. I em familiar with, and accept the portions of Portida. I em familiar with, and accept the portions of Portida. I em familiar with accept the portions of Portida. I em familiar with accept the portions of Portida. I em familiar with accept the portions of Portida. I em familiar with accept the portions of Portida. I em familiar with a portion of Portida Statutes. I further capitly that the information of the opposition of the product of the portions of the product of the portions of the product of Portida supported to the portions of the portions of the product of the portions of the portions of the product of the portion		6. Name	and Address of Curren	t Regis	stered Agent		L	7. Name and	Address of New R	egistered A	gent	
Sinel Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    City   FL   Zip Code    A. 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   Debte   Debte   Debte    FILE NOWITE FEE IS \$150.00    After May 1, 2004 Fee will be \$550.00    After May 1, 2004 Fee will be \$550.00    Debte   Debte   Debte    TILE NOWITE FEE IS \$150.00    After May 1, 2004 Fee will be \$550.00    Debte   Debte   Debte    TILE NOWITE FEE IS \$150.00    After May 1, 2004 Fee will be \$550.00    Debte   Debte   Debte    TILE NOWITE FEE IS \$150.00    After May 1, 2004 Fee will be \$550.00    Debte   Debte   Debte    TILE   Debte	DELGADO	-G!-ACC!					Name					
8. The above named entity submits this statement for the purpose of changing its registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered egent.    SIGNATURE     STATURE     STATURE   STATUR	2415 HURON CIR						Street Address	(P.O. Box Numb	oer is Not Acceptable	)		
SIGNATURE:    SIGNATURE							City	<u> </u>		FL	Zip Code	,
FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  S. Election Compaging Financing Trust Fund Contribution.  TITLE PD OFFICERS AND DIRECTORS IN 11  ITTLE PD DELIGADO, MANUEL SIRET ADDRESS OFFI-57-2P KISSIMMEE, FL 347463441  ITTLE VD OELIGADO, GLACCI SIRET ADDRESS OFFI-57-2P  ITTLE MAKE SIR	8. The above the obligati	named entitions of regist	y submits this statement f tered agent,	for the	purpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of Flo	rida. Iam ta	miliar with,	and accept
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  10.	SIGNATURE_	Signature, typed	or printed name of registered agen	nt and title	il applicable. (NOTE	: Registera	d Agent signature require	d when reinstating)		DATE		<del></del>
TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	FiLI After Ma	E NOW!!! by 1, 200	FEE IS \$150.00 4 Fee will be \$550	.00				.00 May Be ded to Fees				
NAME STREET ADDRESS CITY-ST-2P TITLE VD DELGADO, GLACCI STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-2P TITLE Delete NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-2P TITLE Delete NAME NAME STREET ADDRESS CITY-ST-2P TITLE Delete	10.		OFFICERS AND	D DIRE	CTORS	11.	<del> </del>	ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTORS	3 IN 11
STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-	TITLE	- Diekis									☐ Change	Addition
CITY-ST-ZIP  KISSIMMEE, FL 347463441  CITY-ST-ZIP  ITILE  VD  DELGADO, GLACCI  STREET ADDRESS CITY-ST-ZIP  TITLE  MAKE STREET ADDRESS CITY-ST-ZIP  TITLE MAKE STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-	1	•					- 1					
TILE VD DELGADO, GLACCI STREET ADDRESS STREET ADDRESS CITY-ST-2P TILE Delete TILE MAME STREET ADDRESS CITY-ST-2P TILE MAME STREET ADDRESS		1					[					1
DELGADO, GLACCI 2415 HURON CIR CITY-ST-2P KISSIMMEE, FL 347463441  Delete III.E MAKE SIREET ADDRESS CITY-ST-2P  SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  Delete III.E MAKE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  Delete III.E MAKE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  Delete III.E MAKE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Delete III.E MAKE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  MAKE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  MARE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  MARE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  MARE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  MARE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Addition  MAKE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Addition  MAKE SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Addition  MAKE SIREET ADDRESS CITY-ST-2P								<del></del> .			Channa	T) Addition
STREET ADDRESS CITY-ST-2P KISSIMMEE, FL. 347463441  TITLE MAKE STREET ADDRESS CITY-ST-2P  TITLE MAKE MAKE MAKE STREET ADDRESS CITY-ST-2P  TITLE MAKE MAKE MAKE MAKE STREET ADDRESS CITY-ST-2P  TITLE MAKE MAKE MAKE MAKE MAKE MAKE STREET ADDRESS CITY-ST-2P  TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK							_				CHARING.	CT MODITION
TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST		2415 HUF	RON CIR									
NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM							'-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	-				☐ Delete	1	1				Change	☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP  ADDRESS	STREET ADDRESS					STRI	EET ADDRESS		ميدين ويعام	-	====	-
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete NAME STREET ADDRESS CITY-ST-ZIP  12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, 1 further certify that the information indicated on this report or supplemental report of true, and accurate and that my signature shall have the same legal effect as if mede under each; that I am an officer or director of the corporation or the receiver or trustee approximed 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 officers, with ell other like empowered.  SIGNATURE:  Manuel Delgado 03/02/04 (407) 460-2026	TITLE				□ Delete	TITL	E	<del></del>			☐ Change	Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. 1 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 of true, and accurate and that my signature shall have the same legal effect as if mede under each; that I am an officer or director of the corporation or the receiver or trustee aerosymend 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 producess, with ell other tike empowered.  SIGNATURE:  Manuel Delgado  03/02/04  (407) 460-2026			-				- 1					j
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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 of true, and accorate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustee approximed 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 officers, with all other like empowered.  SIGNATURE:  Manuel Delgado 03/02/04 (407) 460-2026												
STREET ADDRESS CITY-ST-ZIP  TITLE INAME STREET ADDRESS CITY-ST-ZIP  TITLE INAME STREET ADDRESS CITY-ST-ZIP  12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, 1 further certify that the information indicated on this report or supplemental report of true, and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee approximed 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 prodicess, with ell other like empowered.  SIGNATURE:  Manuel Delgado 03/02/04 (407) 460–2026					☐ Delete		- 1				Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  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 trustee exployered 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 ordicess, with all other like empowered.  SIGNATURE:  Manuel Delgado  03/02/04  (407) 460-2026							ı					
STREET ADDRESS CITY-ST-ZIP  12. 1 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 frue, 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 trustee as provided 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:  Manuel Delgado  03/02/04  (407)  460-2026		<b>{</b>				•	)					1
STREET ADDRESS 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 if true, and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employered 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 oddess, with all other like empowered.  SIGNATURE:  Manuel Delgado  03/02/04  (407)  460-2026	TITLE	·			☐ Delete	1111	E				Change	Addition
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 eath; that I am an officer or director of the corporation or the receiver or trustee exployered 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 oddess, with all other like empowered.  SIGNATURE:  Manuel Delgado 03/02/04 (407) 460–2026		[					<b>I</b>					
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 eath, that I am an officer or director of the corporation or the receiver or trustee exprovered 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 officer synthetic empowered.  SIGNATURE:  Manuel Delgado 03/02/04 (407) 460–2026		1										ł
SIGNATURE: Manuel Delgado 03/02/04 (407) 460-2026		certify that the on this reportion or the or this reportion or to or on an att	ne information supplied wi art or supplemental report the receiver or trustee est achment with applications	ith this true powere s, with a	filing does not qualify for and accurate and that n ad to execute this report all other-like empowered.			ection 119.07(3 same legal effe 7, Florida Statu	)(i), Florida Statutes. act as if made under c tes; and that my name	l further cert bath; that I a e appears in	ify that the in m an officer Block 10 or	lormation or director Block 11 if
				1		Maı	nuel Delga					