2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 03, 2004 8:00 am Secretary of State

| 1. Entity Names | | | | | | 08-03-2004 | 4 90001 | 041 ***15 | 50.00 | |
|--|---|---|---|---|--|--|--|--|--|--|
| Principal Place 5125 NW 11 MIAMI, FL 3 | | Mailing Address 5125 NW 112 CT | US | | | ı | | 54(| 06626 | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 07262004 Chg-P CR2E034 (10/03) | | | | | | |
| City & State City & State | | | - 1 . 1 1 | | 4. FEI Numbe | j - 006.48 | 913 | | oplied For ot Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | | |
| | 6. Name and Address of Curre | nt Registered Agent | | 1aaaa | 7. Name and | Address of New R | legistered | Agent | | |
| BARRETO, WALTER J 5125 NW 112 CT MIAMI, FL 33178 | | | _ | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | F · | | | City | | | FL | Zip Code | е | |
| the obligat | | ent and title if applicable. (NOTI | E: Registered Age | ent signature required | | th, in the State of Flo | orida. I am DATE | familiar with, | and accept | |
| | LE NOW!!! FEE IS \$550.00 ue by September 8, 2004 | 9. Election Campa Trust Fund Cont | | | 00 May Be ed to Fees | | | | | |
| 10. | | ID DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFF | CERS AND | DIRECTORS | 3 IN 11 | |
| NAME STREET ADDRESS CITY-ST-2IP | BARRETO, WALTER J 5125 NW 112 CT MIAMI, FL 33178 | ☐ Delete | TITLE NAME STREET AL CITY-ST- | | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET AL CITY-ST- | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME - STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE - 'NAME - STREET AS | DORESS | و مدی | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET AL CITY-ST- | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET AL CITY-ST- | į. | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | : | ☐ Delete | TITLE NAME STREET AL CITY-ST- | ZIP | | | | ☐ Change | ☐ Addition | |
| 12. I hereby of indicated of the cor | certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en | ith this filing does not qualify for t is true and accurate and that r powered to execute this report | r the exempt ny signature as required | ion stated in Se shall have the s by Chapter 607 | ction 119.07(3)(same legal effect , Florida Statute | i), Florida Statutes. It as if made under out on the control of th | I further cer path; that I a e appears i | tify that the in am an officer n Block 10 or | nformation or director Block 11 if | |

Att a Chnent 54066260 # P0300053057

| Dear Sir or pladam: |
|--|
| ! |
| I am very sorry I was unable to |
| I am very sorry I was unable to file my 2004 For Profit Corporation Annual Report on time. |
| Annual Report on time. |
| • |
| I was out of the country for three months, |
| from March to June, and did not get |
| from March to June, and did not get the notifications |
| |
| Please, accept my sincere appologies and my payment for \$150 endosed. |
| my payment for \$150 endosed |
| |
| Resards, |
| |
| Walte Barreto, Sayro, Inc. |
| |