

2004 FOR PROFIT CORPORATION ANNUAL REPORT


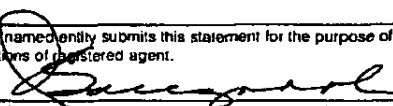
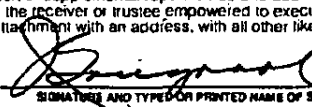
FILED
Mar 22, 2004 8:00 am
Secretary of State

03-09-2004 90025 008 ***150.00

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02272004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000061005					
1. Entity Name PRODUCTOS DE LA SIERRA CORP.					
Principal Place of Business % 1666 WEST AVE #509 M.B., FL 33012			Mailing Address % 1666 WEST AVE #509 M.B., FL 33012		
2. Principal Place of Business 2177 N.W 24 COURT			3. Mailing Address 2177 N.W 24 COURT		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		
Zip 33142		Country MIAMI-DADE		4. FEI Number 14-1886510	
Zip 33142		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name JOAQUIN GONGORA		
			Street Address (P.O. Box Number is Not Acceptable) 1226 S.W 74TH COURT		
			City MIAMI FL Zip Code 33144		
8. 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 the registered agent.					
SIGNATURE 				DATE 3-05-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRUBI, ALEJANDRO M 1781 WEST 32 PLACE MIAMI, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOAQUIN GONGORA 1226 S.W 74TH CT. MIAMI, FL 33144	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHISONE, PABLO OSCAR 1666 WEST AVE #509 M.B., FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHISONE, PABLO OSCAR 1666 WEST AVE # 509 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			JOAQUIN GONGORA 3-05-04 (786) 210-4662 Date Daytime Phone #		