


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90101 028 ***150.00

DOCUMENT # P03000061178 1. Entity Name SIMORIL, INC.					
Principal Place of Business 1730 MAIN STREET SUITE 216 WESTON, FL 33326 US			Mailing Address 1730 MAIN STREET SUITE 216 WESTON, FL 33326 US		
2. Principal Place of Business 19901 E. COUNTRY Cb. Dr. # Suite, Apt. #, etc. 2308 City & State AVENTURA Zip 33180		3. Mailing Address 19901 E. COUNTRY C. Dr. Suite, Apt. #, etc. 2308 City & State AVENTURA Zip 33180			
Country USA		Country USA		4. FEI Number 13-4253521	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03112004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent JEFFREY E. CAMPION, PA 1730 MAIN STREET SUITE 216 WESTON, FL 33326			7. Name and Address of New Registered Agent Name GUILLERMO A MERTNOFF Street Address (P.O. Box Number is Not Acceptable) 19901 E. COUNTRY C. Dr. #2308 City AVENTURA FL Zip Code 33180		
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 registered agent. SIGNATURE:  DATE: 04-13-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBIN, DANIEL		NAME		
STREET ADDRESS	1730 MAIN STREET, SUITE 216		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: 			04-13-04 (305) 761 6567 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					