

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90008 031 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P03000064200</b><br>1. Entity Name<br><b>AMERICAN LAND &amp; SEA, INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>4000 PONCE DE LEON BOULEVARD<br/>SUITE 470<br/>CORAL GABLES, FL 33146</b>   |  |   | Mailing Address<br><b>4000 PONCE DE LEON BOULEVARD<br/>SUITE 470<br/>CORAL GABLES, FL 33146</b>                     |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |  |   | City & State  |   |  |
| Zip   |  | Country   |   | Zip   |  |
| Country   |  | Country   |   | 4. FEI Number<br><b>58-2673313</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ALBERNI, PEDRO<br/>4649 PONCE DE LEON BLVD.<br/>STE. 404<br/>CORAL GABLES, FL 33146</b>  |  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>   |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>BECERRA, HECTOR P<br/>4000 PONCE DE LEON BLVD, SUITE 470<br/>CORAL GABLES, FL 33146</b> | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <i>Hector P. Becerra</i> <b>HECTOR P. BECERRA</b> 4/14/04 (305) 662-7272  |  |   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |  |   |   |   |  |

54054490



03052003 Chg-P CR2E034 (10/03)

*Attachment*

*54054490*

*# PO3000044200*



CERTIFIED PUBLIC ACCOUNTANTS

4649 PONCE DE LEON BLVD.

SUITE 404

CORAL GABLES, FL 33146 - 2118

TEL: 305-662-7272

FAX: 305-662-4266

ALBERNICABALLEROCPA.COM

May 12, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: American Land and Sea, Inc.

Gentlemen:

Enclosed please find our client's 2004 Corporation Annual Report along with his check #112 for \$150. We are respectfully requesting a waiver of the late filing penalty. Our client never received an annual report notice and, in addition, had been abroad for the last two months. As soon as he returned he sought our help in downloading and filing the report. Once again, we respectfully request that you accept the report with the payment of \$150.

Respectfully yours,

Pedro L. Alberni, CPA.

enclosures