


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90161 027 \*\*\*150.00

**DOCUMENT # P03000069346**

1. Entity Name  
**SHIBUMI OF AMERICA CORP**



Principal Place of Business      Mailing Address

**7925 NW 12TH STREET  
 SUITE 318  
 MIAMI, FL 33126**

**7925 NW 12TH STREET  
 SUITE 318  
 MIAMI, FL 33126**



2. Principal Place of Business      3. Mailing Address

**7925 NW 12th St.**      **7925 NW 12th St**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 407**      **Suite 407**

City & State      City & State

**Miami, Florida**      **Miami, FL**

Zip      Country      Zip      Country

**33126**      **USA**      **33126**      **USA**

04302004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**33-1065076**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALVAREZ, BERNARDO  
 7925 NW 12TH STREET  
 SUITE 318  
 MIAMI, FL 33126**

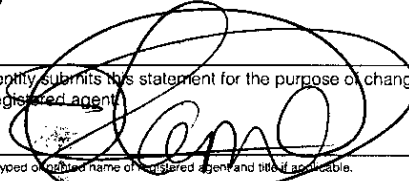
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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:       DATE: **4/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

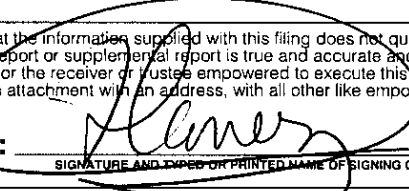
10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ALVAREZ, LUIS FERNANDO	
STREET ADDRESS	7925 NW 12TH STREET, SUITE 318	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ALVAREZ, BERNARDO	
STREET ADDRESS	7925 NW 12TH STREET, SUITE 318	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis Fernando Alvarez	
STREET ADDRESS	7925 NW 12th Street Suite 407	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernardo Alvarez	
STREET ADDRESS	7925 NW 12th Street Suite 407	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:       DATE: **4/30/04**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR