

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079303

Entity Name: LIMEZA CORPORATION

FILED
Mar 01, 2004
Secretary of State

Current Principal Place of Business:

15970 W STATE ROAD 84
SUITE 259
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

15970 W STATE ROAD 84
SUITE 259
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 02-0699421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LATIN NETWORK CONSULTANTS INC
1820 N CORPORATE LAKES BLVD
104
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEZA, LILIA
Address: 15970 W STATE ROAD 84, SUITE 231
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEZA, LILIA
Address: 15970 W STATE ROAD 84, SUITE 259
City-St-Zip: SUNRISE, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIA MEZA

P

03/01/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date