

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90190 011 \*\*\*150.00

<b>DOCUMENT # P03000083566</b>					
<b>1. Entity Name</b> <b>COMERCIO DE LAS AMERICAS, INC.</b>					
<b>Principal Place of Business</b> <b>7600 NW 186TH ST #A</b> <b>MIAMI, FL 33015</b>			<b>Mailing Address</b> <b>7600 NW 186TH ST #A</b> <b>MIAMI, FL 33015</b>		
<b>2. Principal Place of Business</b> <b>536 NW 57th AVE</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>536 NW 57th AVE</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>MIAMI, FL</b>		<b>City &amp; State</b> <b>MIAMI, FL</b>		<b>4. FEI Number</b> <b>56-2382976</b>	
<b>Zip</b> <b>33126</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>DISLA, VIRGINIA M</b> <b>7600 NW 186TH ST #A</b> <b>MIAMI, FL 33015</b>				<b>7. Name and Address of New Registered Agent</b> <b>NELCY BORMEY</b> <b>536 NW 57th AVE</b> <b>MIAMI, FL 33126</b>	
<b>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.</b> <b>SIGNATURE</b> <i>Nelcy Borme</i> <b>NELCY BORMEY</b> <b>04/27/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <small>Trust Fund Contribution.</small>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <input type="checkbox"/> Delete <b>BORMEY, NELCY M</b> <b>4641 SW 112TH AVENUE</b> <b>MIAMI, FL 33165</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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>					
<b>SIGNATURE:</b> <i>Nelcy Borme</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>04/27/04</b> <b>(305) 265-5803</b> <small>Date Daytime Phone #</small>		