

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084497

Entity Name: FS UNIT 3010, INC.

FILED  
Mar 30, 2004  
Secretary of State

## Current Principal Place of Business:

C/O CORPORATIVO PIRAMIDE VASCO DE OUIROGA  
NO. 2121 4O PISO. COL. PENA BLANCA  
SANTA FE 01210 MEXICO D.F.,

## New Principal Place of Business:

1435 BRICKELL AVE.  
STE 3010  
MIAMI, FL 33131 US

## Current Mailing Address:

C/O CORPORATIVO PIRAMIDE VASCO DE OUIROGA  
NO. 2121 4O PISO. COL. PENA BLANCA  
SANTA FE 01210 MEXICO D.F.,

## New Mailing Address:

% 1200 BRICKELL AVE.  
STE 900  
MIAMI, FL 33131 US

FEI Number: 98-0405510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVE., STE. 900  
MIAMI, FL 33131 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: PD ( ) Delete  
Name: SILVA, JOSE C  
Address: NO. 2121 4O PISO., COL. PENA BLANCA  
City-St-Zip: SANTE FE.01210 MEXICO D.F.,

Title: ST ( ) Delete  
Name: FOLCH, SALVI  
Address: NO. 2121 4O PISO., COL. PENA BLANCA  
City-St-Zip: SANTA FE 01210 MEXICO D.F.,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSE SILVA

PD

03/30/2004

Electronic Signature of Signing Officer or Director

Date