

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90454 031 ***150.00

DOCUMENT # P03000084667	
1. Entity Name LAVOFLUX, CORP.	

Principal Place of Business 6986 NW 36 ST MIAMI, FL 33147	Mailing Address 6986 NW 36 ST MIAMI, FL 33147
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2. Principal Place of Business 9600 NW 25 St Suite, Apt. #, etc. 5-B DORAL FL 33172 USA	3. Mailing Address 9600 NW 25 St Suite, Apt. #, etc. 5-B DORAL-FL 33172 USA
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04212004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0130186		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CONTRERAS, ARGENIS J 6986 NW 36 AVE MIAMI, FL 33147 9600 NW 25 St 5-B DORAL, FL 33172		
7. Name and Address of New Registered Agent ARGENIS J. Contreras 9600 NW 25 St 5-B DORAL FL 33172		

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CONTRERAS, ARGENIS J		NAME ILEANA R. CONTRERAS	
STREET ADDRESS 5141 NW 114TH CT		STREET ADDRESS 5141 NW 114 CT	
CITY-ST-ZIP DORAL, FL 33178		CITY-ST-ZIP DORAL, FL 33178	
TITLE VP	<input type="checkbox"/> Delete	TITLE SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CONTRERAS, ERIC J		NAME DANIEL MACIEL	
STREET ADDRESS 4808 NW 104 AVE.		STREET ADDRESS 9600 NW 25 ST, SUE 5B	
CITY-ST-ZIP DORAL, FL 33178		CITY-ST-ZIP DORAL, FL 33172	
TITLE I	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **ARGENIS CONTRERAS** 04/22/04 305-718-9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #