2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 05, 2004 8:00 am Secretary of State

				- Secretary o	Diane		
DOCU 1. Entity Nam	MENT # P030000875	34		03-15-2004 90011 04	0 ***150.00		
FUENTES	WATCH SERVICE CORP.						
Principal Place of Business Mailing Addr		Mailing Address	<u> </u>				
27148 EDENBRIDGE CT		27148 EDENBRIDGE CT					
BONITA SPRINGS FL 34135 US		BONITA SPRINGS FL 34135 US		I METHOD) WE BELLE FOR ROTH BOOK WATER COLORS		n 188)	
Principal Place of Business 3. Mailing Address							
2 Christian Class of Section				J THRINGE IN A 1020 FRY CORY STON ORIN FROM HER FOOTH FOOT AND FINANCES IN THE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)			
City & State		City & State		4. FEI Number 20-0385781	Applie Not Ap	ed For oplicable	
Zıp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addition		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Register	Fee Required		
}	- Trains and Auditors of Content	Trogistated Agent	. Name	· _ · · · · · · · · · · · · · · · · · ·			
FUENTES; FLOR S							
27148 EDENBRIDGE CT			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
BOL	NITA SPRINGS FL 34135						
			City		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 Fiorida. I am familiar with						i accept	
	tions of registered agent.					, доор,	
SIGNATURE							
OIGIQ II OI L	Signature, typed or printed name of registered agen-	and title if applicable. (NOTE	: Registered Ageni signatule requi	rad when reinstanng) DA	TE		
- 10 F	ILE NOW!!! FEE IS \$150.00 5	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	95,13	9. Election Campaign Financing	\$5.00 k		
	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department (12,000	notice of the very	1 97 (20 Trust Fund Contribution.	\$5.00 Added to I	Asy Be. Fees-	
10.	OFFICERS AND	(1997 or 2000)	T 11	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN		
TILE	PST	Delete	TITLE:	ADDITIONS/CHANGES TO OFFICERS		Addition	
NAME	FUENTES, FLOR S	<u> </u>	NAME				
If	27148 EDENBRIDGE CT	The same of the sa	STREET ADDRESS	and the commentation of the comment		1/57/4/24	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP				
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CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			STREET ADORESS		~ <u></u>		
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				Section 119.07(3)(i), Florida Statutes: I further	certify that the infor	mation	

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 receiver or trustee amovered 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 tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/04 (239) 931-9113