2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P03000088090 03-05-2004 90009 041 ***150.00 HERMANOS COMPINA INC. Principal Place of Business Mailing Address 815 N.E. 5TH AVENUE 815 N.E. 5TH AVENUE DELRAY BEACH, FL 33444 US DELRAY BEACH, FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082004 CR2E034 (10/03) Applied For City & State 4. FEI Number City & State <u>30-021/3</u> Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FORM-A-CORP LLC 100 VILLAGE SQUARE CROSSING **SUITE 103** PALM BEACH GARDENS, FL 33410 8. The above named eptity 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** Software typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS HANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change D.P Delete TITLE TITLE CHAVEZ, LEE ANN P KAME NAME STREET ADDRESS 812 NE 4TH COURT STREET ADDRESS CITY-ST-7/P DEERFIELD BEACH, FL 33441 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE CHAVEZ, ARI B NAME NAME STREET ADDRESS 812 NE 4TH COURT STREET ADORESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-7P ☐ Change ☐ Addition MLE Delete TITLE CHAVEZ, DALILA NUME NAME STREET ADDRESS 2352 NW 39TH AVENUE STREET ADDRESS COCONUT CREEK, FL 33066 CITY-ST-ZIP CITY - ST - ZP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CRTY - ST - ZIP ☐ Change ☐ Addition TITL F TITLE Delete NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplies 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 eport is five 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.

FILED

Oavtime Phone #

Attachment
White 812
At Po3000080090 WACHOVIA
Wachovia Bank, N.A.
ACH RT 067006432
PO 3 0000 J already paid=