## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000090159

Name:

Address: City-St-Zip: GUILLEN, GEORGE L

18894 SW 29 COURT

MIRAMAR, FL 330292403

FILED Jul 27, 2004 Secretary of State

DOCOM	LINIT I O	3000030133		Secretary of State		
Entity Nan	ne: FLORID	A MINORITY INVESTMENTS, II	NC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	29 COURT FL 3302924	03				
Current Mailing Address:			New Maili	New Mailing Address:		
	29 COURT FL 3302924	03				
FEI Number:	56-2387274	FEI Number Applied For()	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
LOPEZ, JORGE 18894 SW 29 COURT MIRAMAR, FL 330292403			18894 ŚW	LOPEZ, JORGE H 18894 SW 29 COURT MIRAMAR, FL 330292403		
The above in the State		submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATURE: JORGE H. LOPEZ				07/27/2004		
	Electro	nic Signature of Registered Age	ent	Date		
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ( ).	t receive the prior notic	e.		
OFFICERS	AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( GONZALEZ, E 18894 SW 29 MIRAMAR, FL	COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	T ( LOPEZ, JORG 18894 SW 29 MIRAMAR, FL	COURT	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition LOPEZ, JORGE H 18894 SW 29 COURT MIRAMAR, FL 330292403		
Title:	S (	) Delete	Title:	( ) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JORGE H LOPEZ T 07/27/2004