## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

## Addition Apt # Apt ## Addition Apt ## A	1. Entity Nam	MENT # P0300009 ESTMENTS CORP.	1244				04-30-200	90337	015 ***	150.00	
Suite, Apt #, etc.   Suite, Apt #, etc.   O4222004   Chg-P   CR2E334 (10/03)  City & State  City & S	3707 W. GARDENIA AVE. 3707 W. GARDENIA AVE.										
City & State  Cay	2. Principal P	lace of Business	3. Mailing Address								
South   Security   South	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (10/03)		
South   Security   S	City & State		City & State	City & State			4. FEI Number 2388521				
Name Sizest Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	Zip	Country	Zip	Cour	try				8.75 Add	itional	
Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or born, in the State of Florida. I am familiar with, and accept the born accept of the obligations agent accepts agent accepts agent accepts agent accepts agent accepts and accept agent accepts agent accepts agent accepts accept agent accepts accept agent accepts accept accepts accept agent accepts accept accept accepts accept accepts accept accepts accept accepts accept a		6. Name and Address of Curren	nt Registered Agent		Name	7. Name and	Address of New Re	gistered A	gent		
City FL Zip Code  L 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 and refer it suprisable.  ### COTE Registered Agent Separative regent where resistance in the State of Florida. I am familiar with, and accept the obligations of registered agent and store it suprisable.  ### COTE Registered Agent Separative regent where resistance.  ### COTE Registered Agent Separative regent where resistance.  ### COTE Registered Agent Separative regent where resistance.  ### Added to Fees  ### Adde	3707 W. G	ARDENIA AVE.				s (P.O. Box Numb	er is Not Acceptable)			<del></del>	
The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Comparison of registered agent.   In the State of Florida. I am familiar with, and accept the obligations of registered agent.	WESTON,	FL 33332	•		City				Zip Code	•	
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.			for the purpose of changing its	register	ed office or regist	ered agent, or bo	th, in the State of Flor		miliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PD  SOSA, FERNANDO  ORECT ACCESS  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  SOSA, FERNANDO  ORECT ACCESS  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  SOSA, FERNANDO  ORECT ACCESS  OFFICERS AND DIRECTORS  ITILE  SORA, FERNANDO  Delate  TILE  SONACHEZ, SERGIO  RAME  SANCHEZ, SERGIO  STREET ACCESS  CITY-ST-2P  MIAMI, FL 33185  TILE  Delate  TILE  Delate  TILE  NAME  STREET ACCESS  CITY-ST-2P  TILE  MAME  STREET ACCESS  CITY-ST-2P  TILE  Delate  TILE  Delate  TILE  Delate  TILE  MAME  STREET ACCESS  CITY-ST-2P  TILE  Delate  TILE		ions of registered agent.			ŧ						
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE_	Signature, typed or printed name of registered age	ont and title if applicable. (NOT	E: Registere	d Agent signature requir	red when reinstating)		DATE			
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