## 2004 FOR PROFIT CORPORATION

## May 04, 2004 8:00 am Secretary of State **ANNUAL REPORT** 05-04-2004 90143 014 \*\*\*150.00 **DOCUMENT # P03000092541** 1. Entity Name EL CAMPANITO CORP. 14021487 Principal Place of Business Mailing Address 520 BRICKELL KEY DR., SUITE 0-305 520 BRICKELL KEY DR., SUITE 0-305 MIAMI, FL 33131 MIAMI. FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04262004 Chq-P Applied For City & State City & State 4. EELNumbe 20 3490 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Vancalobal Corporate Administration us TRANSGLOBAL CORPORATE ADMINISTRATION, INC. Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR., SUITE 0-305 MIAMI, FL 33131 0-305 Brichel Klei 101 SILL 8. The above named ent 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 q SIGNATURE ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Delete TITLE TITLE SHUBOV, LEONID NAME NAME 0-305 STREET ADDRESS 520 BRICKELL KEY DR., SUITE 0-305 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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:

FILED