



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91008 002 ***150.00

DOCUMENT # P03000096394 1. Entity Name SPERTO SOLUTIONS CORPORATION					
Principal Place of Business 9655 SOUTH DIXIE HWY., SUITE 101 MIAMI, FL 33156				Mailing Address 9655 SOUTH DIXIE HWY., SUITE 101 MIAMI, FL 33156	
2. Principal Place of Business 848 Brickell Avenue Suite, Apt. #, etc. Suite #1119 City & State Miami FL Zip 33131		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-0283701				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04302004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TALIESON ADVISORY, CORP. 9655 SOUTH DIXIE HWY., SUITE 101 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON, JOSE A 13321 SW 136TH TERR. MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Leon, Jose A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 N Port Royale Dr Apt #207 Ft Lauderdale 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TRUJILLO, LUIS E CALLE 68 # 1-54 ESIE, #505 BOGOTA, COLOMBIA, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jose A. Leon</u> <u>Presidente</u> <u>4/30/04</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					