FILED
Jul 22, 2004 8:00 am
Secretary of State
06-08-2004 90001 013 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66430418

DOCUMENT # P03000096996

1. Entity Name
SUMAFORCES, CORPORATION

Principal Place of Business	Mailing Address
7305 N.W. 113 PLACE MIAMI, FL 33178	7305 N.W. 113 PLACE MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
3400 N.E 192ST LP12	3400 N.E 192ST
Suite, Apt. #, etc.: LP12	Suite, Apt. #, etc.: LP12
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: DADE	Zip: 33180 Country: DADE

03012003 Chg-P CR2E034 (10/03)

4. FEI Number 65-0200850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON LOPEZ, JHON ~~7305 N.W. 113 PLACE~~ ~~MIAMI, FL 33178~~ NEW ADDRESS: 3400 N.E 192ST LP12 Aventura, FL 33180	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

PAID **FILE NOW!!! FEE IS $150.00** **Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPEZ, JOHN ROBINSON 7305 N.W. 113 PLACE MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OSCAR BAYER/CEO 3400 N.E 192ST LP12 AVENTURA, CITY 33180	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGMENT DIRECTOR FEDERICO A. SCHULZ 7309 N.W 113 PLACE. MIAMI, FL 33178 DORAL ISLAS	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FINANCIAL DIRECTOR JUAN A. NAIRM 7089 S.W 152 PLACE MIAMI, FL 33193	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ July 3/04 305-989-0564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #