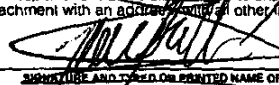


FILED
Jul 22, 2004 8:00 am
Secretary of State

06-08-2004 90001 013 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000096996			
1. Entity Name SUMAFORCES CORPORATION			
Principal Place of Business 7305 N.W. 113 PLACE MIAMI, FL 33178		Mailing Address 7305 N.W. 113 PLACE MIAMI, FL 33178	
2. Principal Place of Business 3400 N.E. 192 ST LP12		3. Mailing Address 3400 N.E. 192 ST	
Suite, Apt. #, etc. LP12		Suite, Apt. #, etc. LP12	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180		Country DADE	
Zip 33180		Country DADE	
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 ROBINSON LOPEZ, JHON 7305 N.W. 113 PLACE MIAMI, FL 33178 NEW ADDRESS: 3400 N.E. 192 ST LP12 Aventura, FL 33180		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 reappointing) DATE _____			
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	PO LOPEZ, JOHN ROBINSON 7305 N.W. 113 PLACE MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OSCAR BAYER/CEO 3400 N.E. 192 ST LP12 AVENTURA, CITY 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGEMENT DIRECTOR FEDERICO A. SCHULZ 7309 N.W. 113 PLACE, MIAMI, FL 33178 DORAL ISLAS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCIAL DIRECTOR JUAN A. NAIRN 7087 S.W. 152 PLACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 affidavit of other like empowered.			
SIGNATURE: 		Date July 3/04 305-989-0564	