

## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P03000097430 1. Entity Name 04 MAY -6 AM 8: 00 LOS CORRALES CORP. 4 Principal Place of Business Mailing Address 1401 BRICKELL AVE STE 825 1401 BRICKELL AVE STE 825 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1203320 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ-ABALLI, RAFAEL ESQ Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE STE 825 MIAMI, FL 33131 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change NAME NAME Amenabar, Jose Ignacio STREET ADDRESS STREET ADDRESS 1401 Brickell Ave., Ste. 825, Miami, FL CITY-ST-ZIP CITY-ST-ZIP D, VP TITLE ☐ Delete TITLE Change Addition NAME NAME Lopez, Rodrigo STREET ADDRESS STREET ADDRESS 1401 Brickell Ave., Ste. 825, Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition D. VP/S NAME NAME Andrews, Guillermo STREET ADDRESS STREET ADDRESS 1401 Brickell Ave., Ste. 825, 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-ZIP I hereby certify that the information sindicated on this report or susplement of the corporation or the receiver or tree. period with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal 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 spee engineered 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 attachme 04 SIGNATURE: